STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENER FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE I. DECEASED NAME KNOWN (TYPE OR PRINT) OF JESSIE ABERNATHY 3 80 DEATH MATED 4. RACE & AGE LINYEARS IF UNDER 1 YR SEX IF UNDER 24 HRS DATE OF BIRTH 25 DATE MONTH DAY YEAR LAST BIRTHDAY PRONOUNCED 19 80 8 02 male negro 78 YRS DEAD Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR PM 3. RETAIN PAGE 5 FOR VID 2 SHOULD BE FILED, WITHING VITAL RECORDS, 201 W. PRES MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 18. CITY OR TOWN OF DEATH 176 KIND OF BUSINESS IN NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore 107 Albermarle St. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS 107 Albermarle St. Baltimore 13d INSIDE CITY LIMITS? 13a. STATE 13b COUNTY YES X NO [PAGES 1 AND 2 S. DIVISION OF VITA 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. IYES, NO. OR UNKNOWN) 212-12-6214 Josephine Green 3300 Garland Ave. No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) FF MEDICAL EXAMINER ALONG W ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D NI, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Hypertensive arteriosclerotic cardiovascular disease DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION **USED AS** 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? IO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO EUNERAL DIRECTOR: PAGE 3 SHOULD BE USA AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIA YES [NOX TO BURI 210 EXTERNAL CAUSE WAS 115. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED AT WORK AT WATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE X 22a | certify that I taak charge of the remains described above, held on and in my opinion Inquiry Undetermined monner death resulted from Accident Homicide TITLE (SPECIFY) ACTUAL SIGNED 12-4-80 Assistant MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. TYPE OR PRINT **ADDRESS** 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b. DATE COUNTY MD Baltimore Co. /80 24 FUNERAL DIRECTOR ADDRESS **DHMH-17** C. March F/H (VR A15 ME (5) 1101 E. North Ave 15M2/80

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN KI 2b. HOUR (TYPE OR PRINT) OF ESTI-Joseph CHARLES ALBERT 28 19 80 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. 3 SEX IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) 12:15 PRONOUNCED Aug 16 1904 76 YRS DEAD white 28 19 80 male DM 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Hungary WIDOWED T DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS) OR INDUSTRY FOR MOST OF WORKING LIFE) chauffeur Transit co. Baltimore Bon SecoursHospital USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Maryland YES XX 2105 Wilkens Avenue 21223 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 1 HOURS APIL. 18. GIVE PAGE. Joseph Albert Adele (Unknown) 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b SOCIAL SECURITY NO Shirley M Sullivan/240 Arundel Rd/21122 DIVISION (YES, NO. OR UNKNOWN) I HE YES. GIVE WAR OR DATES! 214-20-4910 IN ITEM 18. GIVE ALONG WITH F SIT PERMIT. PAGE Yes WW-II 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: O IMMEDIATE CAUSE (0) Cranio-cerebral & thoracic injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL -HEALTH AND MEI AL, CREMATION, C lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION Cirrhosis of liver ICATE, WRITING THE WORD, "PER CRWARDED TO THE CHIEF M TON: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PROR TO BURIAL, C 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES TO NO 21g EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 6x84x 12-28-19 80 Subject fell 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) COUNTY STATE WHILE AT WORK Md. 2105 Wilkens Ave. Balto home TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL UNIFECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARKLAND, 2 220 I certify that I took charge of the remains described above, held on Autopsy ond in my opinion death resulted from: Accident XX Undetermined monner Notural causes Suicide Homicide TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 12-29-80 SIGNATURE EXAMINER'S NAME 111 Penn St. Ann M. Dixon, M.D. **ADDRESS** 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 12/31/80 21228 Cremation Westview Crematorium Catonsville, Maryland Walters Funeral Home/Pratt & Stricker Streets JAN 5 1981 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5) 15M 2/80

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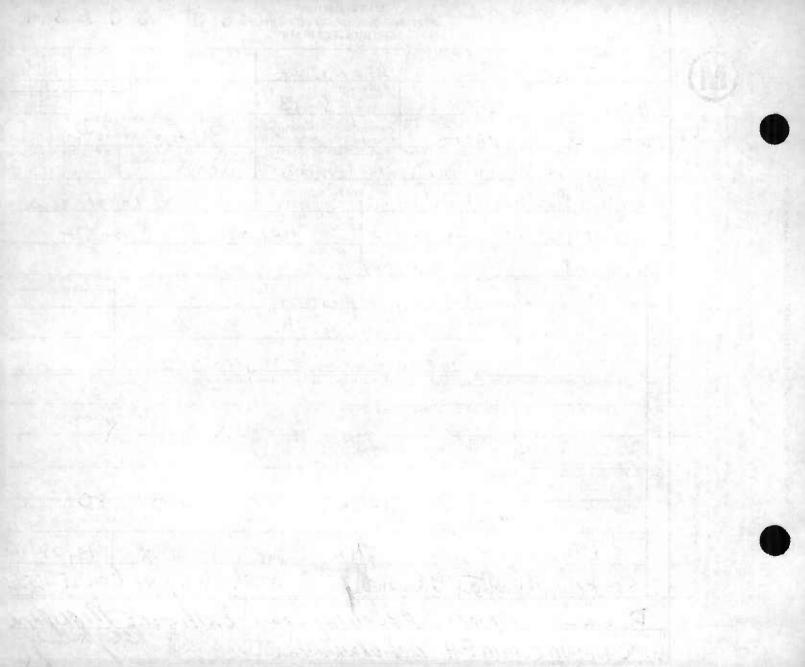
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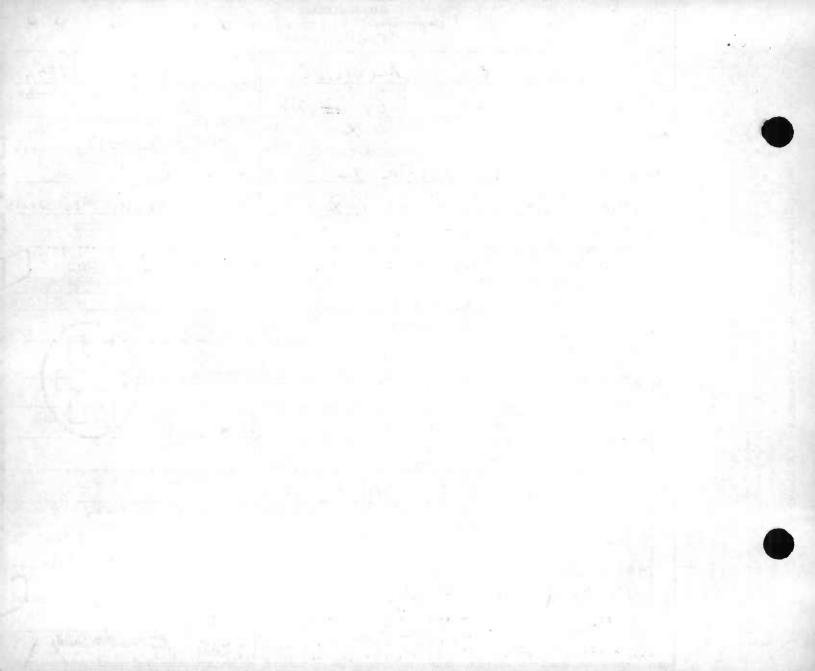
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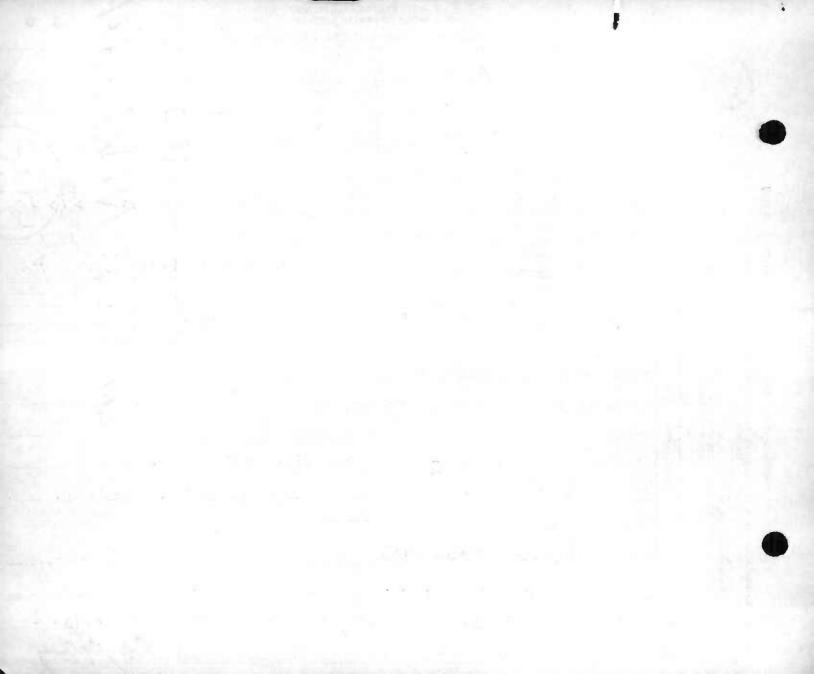
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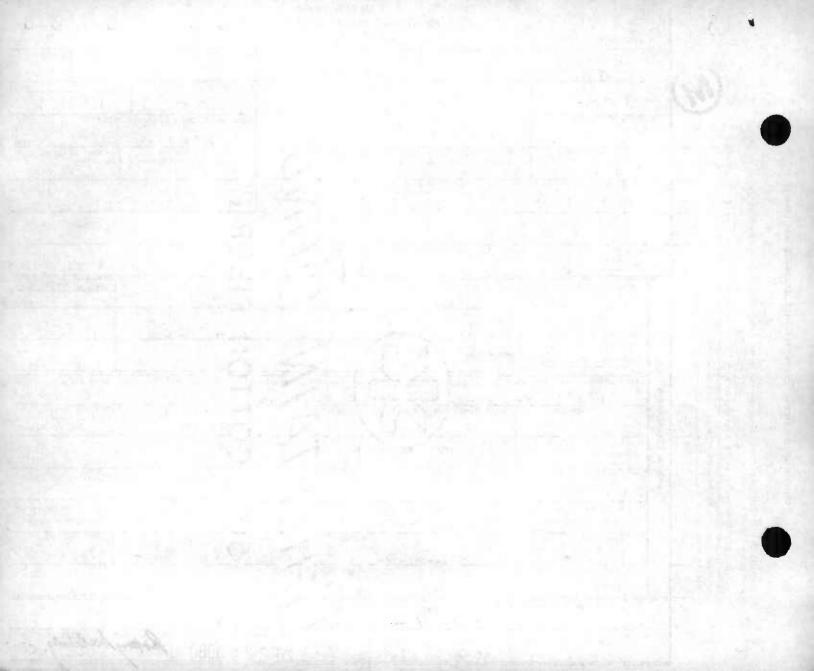
				STATE OF MARYLAND	total plan and	0 7 7 17
	1.	FOR STATE REGISTRAR	DEPAI	RETMENT OF HEALTH AND MENTAL HYP CERTIFICATE OF DEATH	REG. NO.	0/33
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
A 650	TITE OF THE PERSON NAMED IN COLUMN	PEAR	4	ALEXANDER	12	13 80 745 AM
6 6 7	3 SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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長の発展とした。	24	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
1 1	/ PC	LAND	USA	WIDOWED DIVORCED	BALTIMORE	CITY MD.
2 2 3 3 1	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
to 12 0/0	2 1	BALTIMORE		PITAL INC.	HOUSEWIFE	HOME -
2 54 4	USU		OR OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)	13e. STREET ADDRESS.	PT. 302
2 33 13	5	MD	UNITY BALTI	MONE YES NO NO	15715 PARK	HTS. AVE, 21215
1 45 1	14. F.	ATHER'S NAME		15. MOTHER'S MAIDEN NA		
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hospitol RECTOR red for u rpt. of H		obove/(I) (we) did (did	not) view the body after death.	and that in they ((dot) opinion		
		226. SIGNATURE	1	DEGREE		224. DATE SIGNED
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TO FUNERAL should be deta with the State	-	THE PHYSICIANS NAME HATE		22e ADDRESS	1	11/10/00
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₽ F × × ≤	23a.	BURIAL, CREMATION, REMOV	AL 23b. DATE 2	3c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITYOR TOWN	COUNTY STATE
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AH-16 30M 2/80		UNERAL DIRECTOR	6010 REI	STERSTOWN RD. 250. DA	TE REC'D. BY REGISTRAR 25	TRAP USE URE
(VRA 15, 4)		SOL LEVINSON &	BROS BALTIMO	RE. MD. (21215) DF	7 1 7 1980	7



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE KNOWN K 26. HOUR (TYPE OR PRINT) OF ESTI-12 1080 DEATH MATED 15 Ruth NN Alford 3. SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. JE UNDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCED 3 15 white 180 female DEAD DM 3. GIVE PAGES 1, 2, AND 3 TO THE FULLEDAL WITH FORM PM 3. RETAIN PAGE 5 FOR TO PAGES 1 AND 2 SHOULD BE FILED. WITHIN DIVISION OF-VITAL RECORDS, 201 W. PRESTI 7g. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH FORMEN COUNTRY MARRIED K NEVER MARRIED VISCONSON WIDOWED DIVORCED Baltimore City 176 KIND OF BUSINESS 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY HIJCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) SEAMSTRESS Baltimore Baltimore City Hospital USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BE NA COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO A INKE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AA PODLI MIDDLE e1 0 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) F MEDICAL EXAMINER ALONG W ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D NI, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IN PENCIL IN ITEM EXAMINER ALONG Blunt injury to trunk IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF anditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION USED / 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PRIOR TO BURIAL, YES X NO [] TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTIMENT. BALLIMORE, MARYLAND, 21201 PRIOR TO BU 210 EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING SOR HOUR ★★ MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 5:55P.M. 12-15-1980 HOUR * MONTH DAY YEAR UNDERLYING NER: THIS CERTIFICATE, WRITING THE FORWARDED TO T MEDICAL Pedestrian struck by auto. 21e PLACE OF INTURY 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM ETC 1 AT WORK NOT WHILE AT WORK Md. Middle River & Glover Rds. Essex Balto road 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Accident X Undetermined manner death resulted fram: Natural causes Suicide Hamicide TITLE (SPECIFY) ACTUAL DATE SIGNED 12-16-80 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St. Virginia L. Dolan, M.D. (TYPE OR PRINT) 230, BURIAL, CREMATION, REMOVAL 236. DATE OR CREMATORY (& M 23d. LOCATION 0 ar BP 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR 24 FUNERAL DIRECTOR NAME **DHMH-17** (VR A15 ME (5)) 15M 2/80



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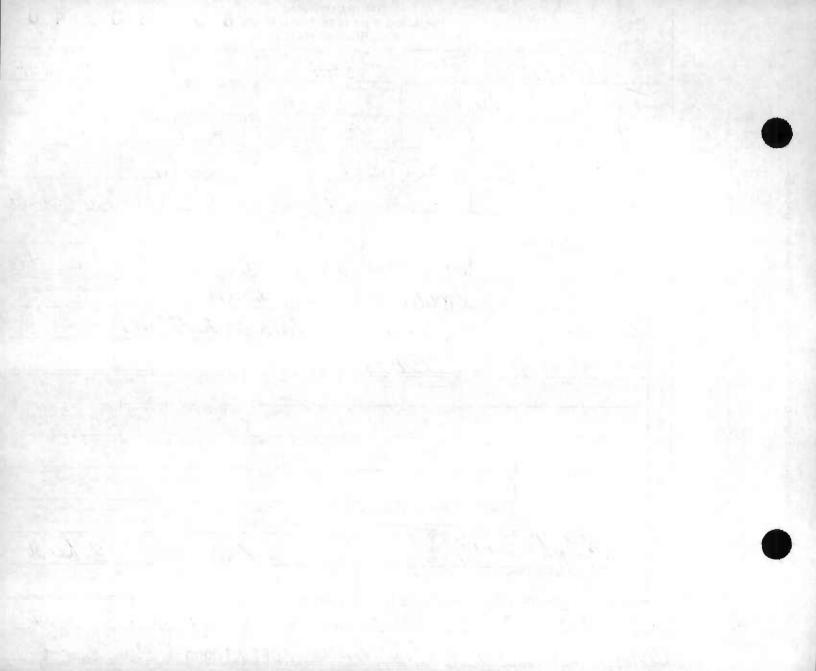
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ORDS, 29 requires requires requires requires requires requires requires requires requires	TION			DEATH BUT NOT RELATED TO THE TER		206 IF YES, WERE FINDINGS USED
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TTENDI portal ar TOR: A far use of Heal			ital) attended the deceased from		, to	
AL OR A The has AL DIRECTOR AL DIRECTOR AL DIRECTOR AT THE THE THE AT		M SIGN Philip R.	Keidy .	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP	
TO HOSPITAL etained by the TO FUNERAL should be detained with the State		114 PHYSICIAN'S NAME ITHE	M PRINT)	22e ADDRESS		
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DHMH - 16 50M 1/76	24.1	UNERAL DIRECTOR	1 T//1 2 ADDRESS A		ATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

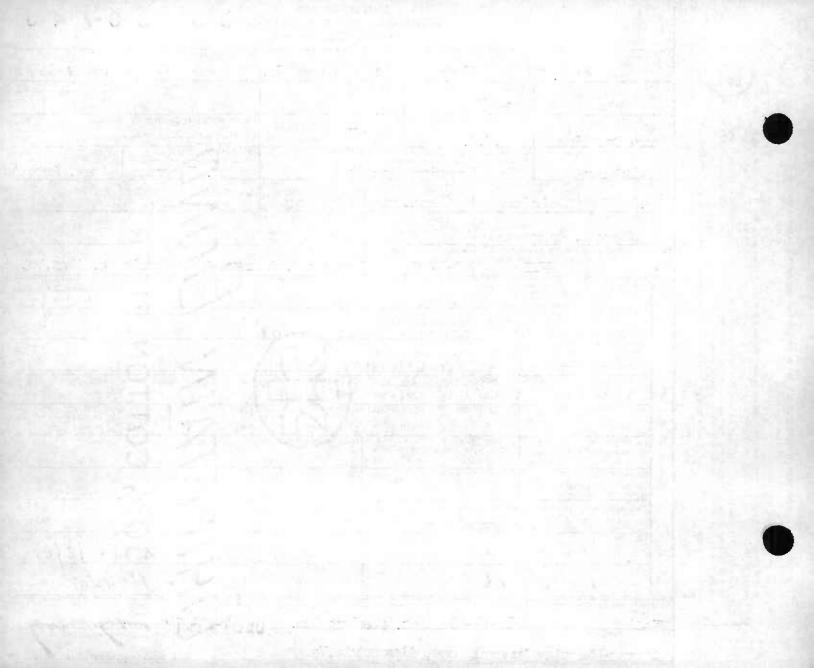


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH 7h HOUR Mae Pearley PEARLIE ALSTON 12/31/80 09:4 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH # UNDER 1 YEAR IF UNDER 24 HRS HOURS B 95 AR 15 85 70. BIRTHPLACE ASTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balto. JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE TITE TEXTON 13d. INSIDE CITY LIMITS? Rt. 2 Box 2601 N.C. NO F 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Sarah Pattyfoot LAST Charlie Norman PER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATES! Harris & Turner F/H Warrenton, N.C. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per Title for (a), (b), and (c), PART I. DEATH WAS CAUSED 8Y: espira tor IMMEDIATE CAUSE (a OF AS A CONSEQUENCE OF. Fail Ure enal Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OF AS A CONSEQUENCE OF Hip Fracture underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT APPROVAL BY CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON NO [] 71n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF HJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.) certify tha (1)(this hospital) attended the deceased from the deceased alive on_ __, and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22h SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL should be deta with the State IMPORTANT: PHYSICIAN DIRECTOR PHYSICIAN RELEASED SICIAN'S NAME (TYPE OF PRINT) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL CREMATION REMOVAL STATE (SPECIFY) Littleton, N.C. 1/5/81 Mt. Olive Bapt. Burial 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 Wm C March F/H 1101 E. North Ave. (VRA 15, 4)

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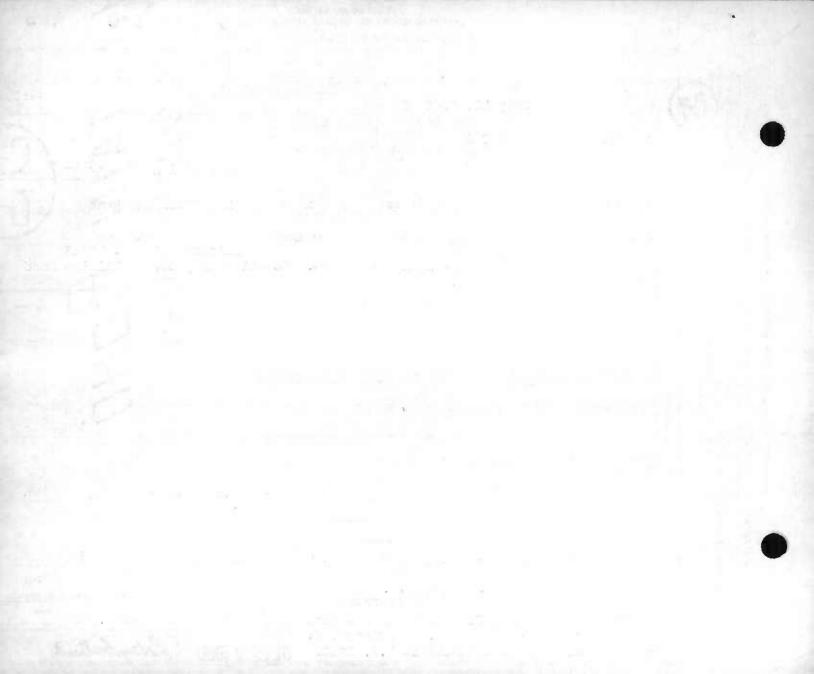
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(VRA 15 (4))

STATE OF MARYLAND

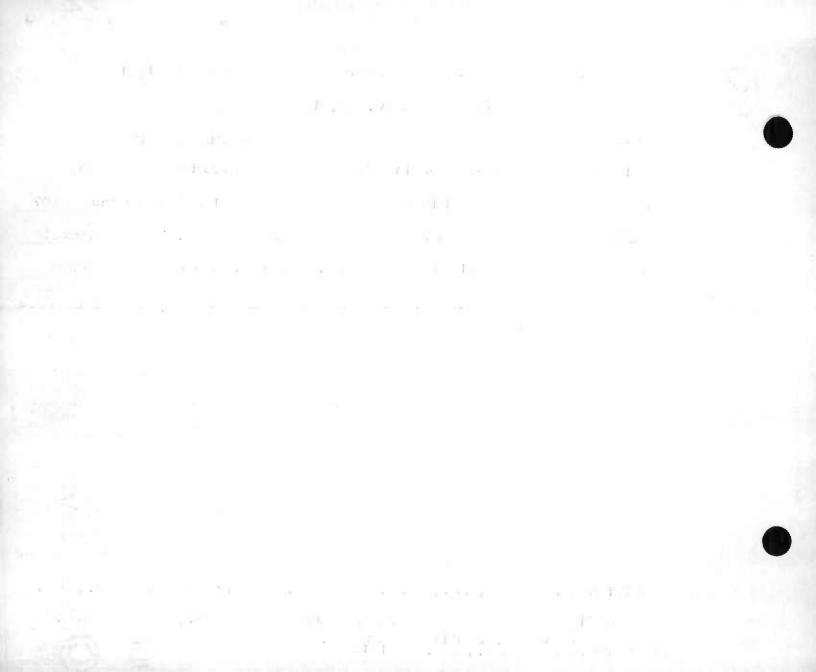
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X 8.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MEDICAL EXAMINER'S CERT	MENTAL HYGIENS () 3 ()	1 4 5
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AN PLEA	SEX 1.RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY MONTHS DAY 1946 34 YRS.	5400	26 1980 M 26 1980 2d HOUR 4:30 PM
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RS AFTER DEA B. GIVE PAGES WITH FORM P PAGES I AN DIVISION OF	(16 YES, NO, OR UNKNOWN) (16 YES, 10 O	GIVE WAR OR DATES)	s. Michele Applegate, 60 Hi	
TAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD +OULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH RD."PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1. 2, HIEF MEDICAL EXAMINER ALONG WITH FORM FM. 3. USED AS A BURIAL TRANSIT PERMIT. PAGES 1 AND 2.8 OF HEALTH AND MENTAL HYGIENE, DIVISION OF WIM RIAL, CREMATION, OR REMOVAL.	PART I DEATH WAS CAN Conditions, if any, wh gave rise to immed cause (a) stating the uni lying cause last. PART 2 OTHER SIGNIFICANT CONDITI	DIATE CAUSE (a) GUNSHOT WOUND OF HEAD		
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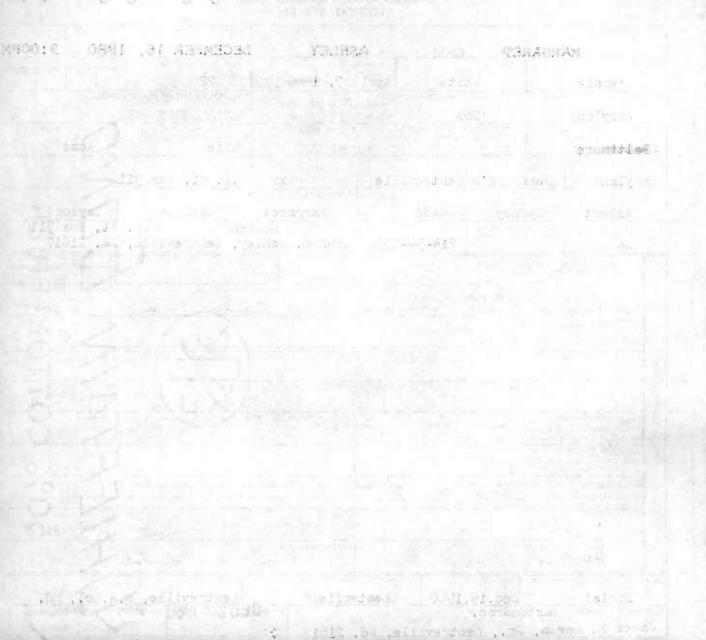


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

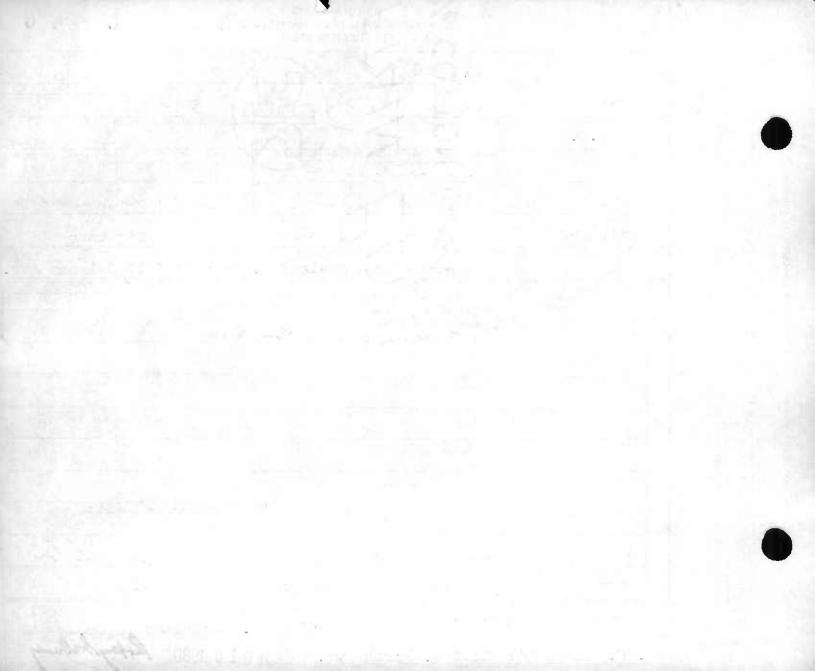
FOR



		REGISTRAR		DEFA		EALTH AND MENTAL HY ICATE OF DEATH	REG. NO	o.		
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Pog Pog		IRTHPLACE STATE OR FOREIGN	26 CITIZEN OF WHAT COUNTRY? 8		9 BALTIMORE CITY C	OR COUNTY OF DEATH			
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execut ond co	160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE				
IMORE In ond of Pages		YES, NO OR UNKNOWN) (IF YES, GIV	248-24-935	Graland E.	Ashford	3217 Belmont Ave			
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DIVISION OF VITAL RECORDS, 2 NG PHYSICIAN: The law require offending physician. There this certificate has been sign as the burial-transit permit. Then for and Mental Hygiene prior to bu arked or frem 18 shows any injury.	CERTIFICATION		conditions <u>contributing to death</u> but h						
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		22b. SIGNATURE		DEGREE		22c. DATE SIGNED			
0 m 0 m 0	l	3	mp	ATTENDING	MEDICAL STA	FF 10/1/5			
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TO HOSPITA TO FUNERA should be de with the Stol			uwe, re	any hera	n Itosp	26/2/			
1/1/2	23a.	BURIAL, CREMATION, REMOVAL SPECIFY)	236 DATE 23c. NAME OF CE	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE			
/ U / BP		Burial	12/11/80 King	Memorial Pl		more Co MD			
DHMH - 16 50M 1/76	24. F	UNERAL DIRECTOR	ADDRESS	25a. DATE	REC'D. BY REGISTRAR	156. REG RANS SIGNATURE .			
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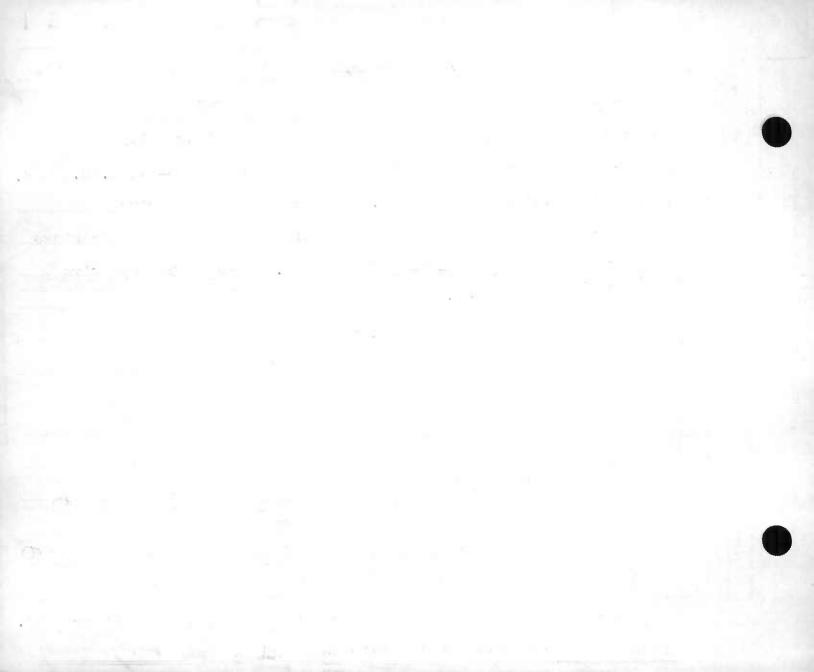


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN XX MONTH (TYPE OR PRINT) OF ESTI-Betty Ketcham Atkins Elizabeth DEATH MATED 12 1519 80 4. RACE & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED female white 10,1921 15 19 80 Apr. 59 DEAD 5:40/ Th. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) New York USA DIVORCED Baltimore City WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY 633 E. 33rd Street Baltimore Housewife at Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore YES TO 633 E. 33rd Street - 21218 NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Henry Ketcham Louise May McKinley 40. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT (YES, NO. OR UNKNOWN) No Mr. Joseph K. Atkins 633 E. 33rd St. -21218 EXAMINER ALONG WI IAL-TRANSIT PERMIT MENTAL HYGIENE, DI ON, OR REMOVAL. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) ED AS A E CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF YES [NO X ICATE, WRITING THE WARDED TO THE TOR: PAGE 3 SHOULD B 21a. EXTERNAL CAUSE WAS 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (ATHOME. 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER: 11
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 22a I certify that I taak charge of the remains described above, held on Autopsy Inspection Inquiry ond in my opinion death resulted fram: Homicide Undetermined monner Natural causes Accident Suicide TITLE (SPECIFY) ACTUAL 12/15/80 Assistant SIGNATURE MEDICAL EXAMINER Virginia L. Dolan, MD. EXAMINER'S NAME ADDRESS 111 Penn Street, Balto., MD 21201 TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236, DATE (SPECHY) Burial Dec. 19, 1980 Baltimore Cemetery Baltimore, Maryland-21213 24 FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE 25g. DATE REC'D. BY REGISTRAR Henry Sander & Sons. "Tho., Balto., Md. 21213 **DHMH-17** (VR A) 5 ME (5) 15M 2/80

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 2h HOUR (TYPE OR PRINT) ESTI-Bessie Austin DEATH MATED 12 2119 80 4. RACE AGE IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE 2d. HOUR 1980 LAST BIRTHOAY) PRONOUNCED 3:02 female. black DEAD 190 80 YRS 7a BIRTHPLACE (STATE OR 7h. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY NORTH CAROLINA WIDOWEDXXX DIVORCED Baltimore City 3. RETAIN PAGE 5 SHOULD BE FILED. 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! OR INDUSTRY Baltimore Maryland General Hospital HOUSEWIFF USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STATE 13h COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND BALTIMORE YEXX NO [2324 DRUID HILL AVE TH FORM PM S. PAGES 1 AND 2 SI 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MADDLE LAST MIDDLE LAST RUFUS PRINCE LULA GARRETT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. INFORMANT ADDRESS DIVISION **PAGES** IYES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-30-2295 GEORGE AUSTIN 1100 WILDWOOD PARKWAY CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MENTAL HYGIENE, N. OR REMOVAL. IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION USED / 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES NOX 3 SHOULD BE (21a. EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PRIOR 1 MEDICAL P.M 21d INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, 21f LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW TO FUNERAL DIRECTORE PARTER DEATH, WITH THE STANDORE, MARYLAND, 2 X 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from: Natura Couses XX Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 12/22/80 SIGNATURE R. Guard, M.D. Hormez 111 Penn Street, Baltimore, MD 21201 EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23d LOCATION
CITY OR TOWN
BALT IMORE 23g BURIAL CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY MARYLAND BALTIMORE CEMETERY 12-26-80 BURTAI 24 FUNERAL DIRECTOR 251 REGISTRAR'S SIGNATURE 250. DATE REC'D. BY REGISTRAR **DHMH-17** ELIZABETH L. PHILLIPS ADDITION NO. MONROE STREET (VR A15 ME (5)) 15M 2/80

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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14. F	ATHER'S NAME FIRST WILL	WIDOLE	LAST MAYS		15 MOTHER'S MAIDEN NA FIRST ANNE			INSON
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21f LOCATION

CITY OR TOWN

MEDICAL STAFF
DIRECTOR PHYSICIAN

COUNTY

22a. I certify that (I) (this hospital) attended the deceased from 12/29/80 sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death SIGNATURE DEGREE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

220 ADDRESBALTO MD 21229 29/

CATON AVE

22r. DATE SIGNED

YWAZA

230. BURIAL, CREMATION, REMOVAL

REMOVAL/BURIAL

AGNES

231. NAME OF CEMETERY OR CREMATORY UNITED METHODIST CH

RUSTBURG CAMPBELL

STATE VA.

DHMH-16 30M 2/80 (VRA 15, 4)

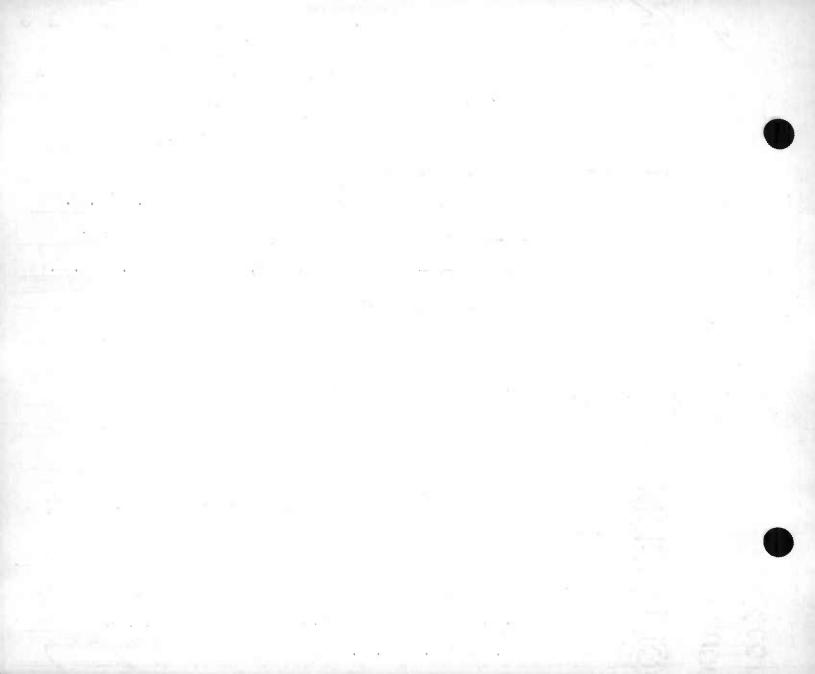
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FUNERAL HOME, INC. 21229 4107 WILKENS AVE.

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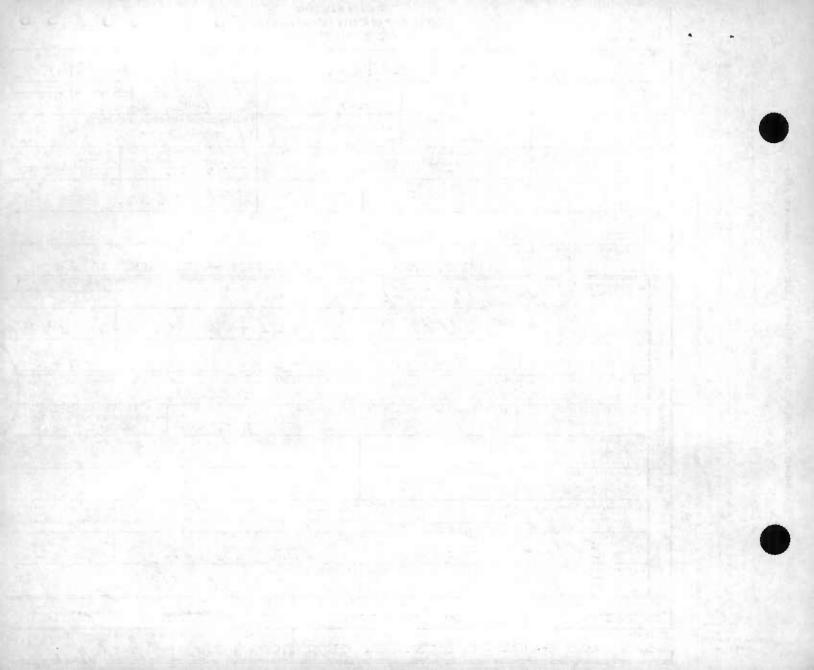


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-Raymond Bailey DEATH MATED 12 21 1980 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR DATE LAST BIRTHDAY) DAY YEAR PRONOUNCED 80 5:50 white male DEAD BIRTHPLACE Th. CITIZEN OF WHAT 9. BALTIMORE CITY OR COUNTY OF DEATH OUNTRY 5 FOR MARRIED NEVER MARRIED aware DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OF WORKING LIFE) PM 3. RETAIN PA ND 2 SHOULD BE F University Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY BUTY OR TOWN T3d INSIDE CLEY LIMITS? 13e STREET ADDRESS 2/213 NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, SM PM AND 2 OF VITA MIDDLE MIRROR LAST LAST FIRST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS DIVISION PAGES YES NO. OR UNKNOWN (IF YES, GIVE WAR OR DATES) lia Cene. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) MENTAL HYGIENE, N, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL - TRANSIT HEALTH AND MENTAL HYC IL, CREMATION, OR REMO Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION MER: THIS CER.

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EXECUTE THE CERTIFICATE, WRITH
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TO FUNERAL DIRECTOR: PACE 3
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BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220 I certily that I took charge of the remains described above, held an Autopsy Inquiry death resulted Iram: Hamicide Undetermined manner TITLE (SPECIFY) **ACTUAL** 12/22/80 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 111 Penn Street Balto. Hormez R. Guard, M.D. TYPE OR PRINT 13t BURIAL CREMATION REMOVAL 23b. DATE CEMETERY OR CREMATER STATE And Cla FÜNERAL DIRECTO DHMH-17 (VR A15 ME (5)) 15M 2/80

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4/ QBP		BURIAL, CREMATION, REMOVAL CREMATION	23b. DATE 12/8/1980		EMETERY OR CREMATORY PARK CEMETERY	23d LOCATION BALTIMOR	E COUNTY MARYLAND
DHMH-16 30M 2/80 (VRA 15, 4)		FUNERAL DIRECTOR ALTER BROOKS BRA	OLEY INC. BA	LTO., MD.		E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

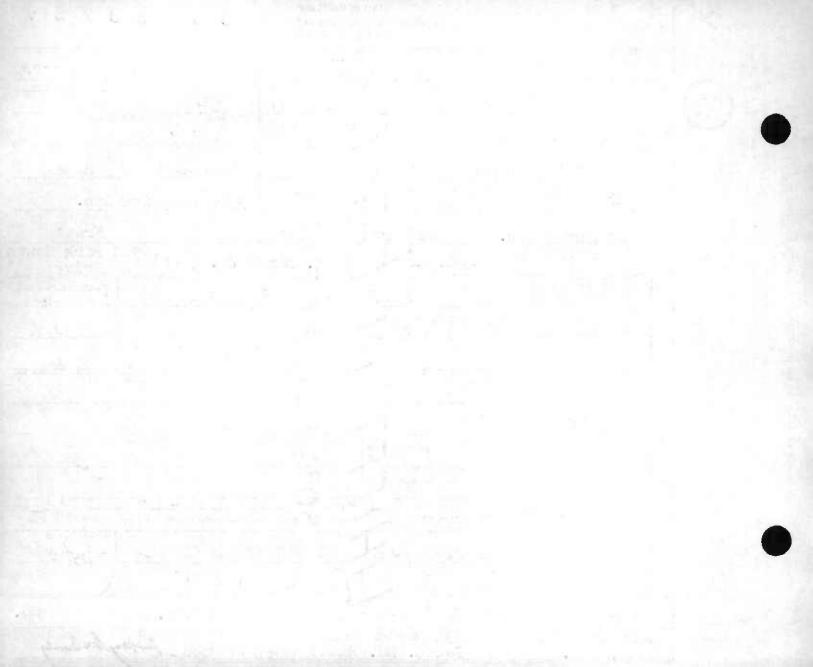


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4-	15	THE SIGNATURE	0.61.5	- ATTENDING	MEDICAL STAFF	10 100 100 3
AN		22 PHYSICIAN'S NAME ITY	PRINT)	PHYSICIAN S	DIRECTOR PHYSICIA	1920/00
PORT	4.1	Jos	EPH R. LIBERTO	3508 BA	NK ST. BALTO	21224.MD.
with the State	23a E	SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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13		1.	FOR STATE REGISTRAR	D	STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL, P CERTIFICATE OF DEATH		30758
may be	(Re)	I DE	CEASED NAME FIRST	-71-00	BANISTER	Dec (1	MONTH DAY YEAR 26 HOUR 27 1980 940 41
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	en signed Then pleas r to buria ny injury,	N O	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTI	ING TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVEN IN PART I(a)
The lav	te has beer permit. The iene prior s shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
JOF VITAL Y SICIAN: physician.	After this certificate he is the burial-transit permit and Mental Hygiene marked or Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1		URRED JENTER NATURE OF INJU	RY IN ITEM 18, PART I OR PART 2)
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Q P	OR: Use a Heal Heal		22a I certify that (1) this hospit saw the deceosed alive on obove (1) we) (did) (did na	tol) attended the deceased		an deoth occurred an the d	ate and hour and from the causes stated
ACOR AT	RAL DIRE		The Signature Brews	GN/MD	DEGREE ATTENDING PHYSICIAN		
HOSPIT	UNER dbe ddbe ddbe df the Sta		220 PHYSICIAN'S NAME (TYPE OF	Brews 10	2 MD 270 ADDRESS 3100 U	NUAN PK	DR.
20 7B		23e. (BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE 12/10/80	236 NAME OF CEMETERY OR CREMATO Magnolia Cemetery	23d LOCATION Charlest	on, South Carolina
	OHMH-16 25M /RA 15, 4) 1/79	24 F	uneral director . "Alan Seitz Fu	meral Home			25b. REGISTRAR'S SIGNATURE

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	1	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	30760
a (74/7)		CEASED NAME FIRST FRAN	IRSON	BAR BE	20. DATE OF DEATH	12 10 80 26 HOUR 9:00 P M
ge 4 mo	3. SE	X MALE	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY 19 YEAR 07	6. AGE TIN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Jeoth. Pog in 72 hour	7a B	IRTHPLACE (STATE OR FOREIGN COUNTRY) VIRGINIA	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED DIVORCED D	9 BALTIMORE CITY C	R COUNTY OF DEATH
by the filled with		BALTIMORE	VAMC BALTIMOE	RE, MARYLAND 21218	12a USUAL OCCUPATION OF THE CONCRETE CO	on 126. KIND OF BUSINESS OR INDUSTRY ON CONSTRUCTION
in 24 hours the should be erranust be	13a. M	ARYLAND 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW BALTIMO	DRE YES NO [AGRANGE AVENUE 21205
completely 1 ond 2 st	14. F	ATHER'S NAME William Mun	sey Barbe	15 MOTHER'S MAIDEN NA		LAST
n ond co			RMED FORCES? 16b. SOCIAL SECU VE WAR OR DATES) 217 05	Noney Tee B	arbe, Wife	S _a me
requires that the death cer sen signed by the attending f. Then please remove carbo or to burial, cremation, or re y injury, or other traumatic e	NOIL			NCE SIS		
hysicion. ficote hos bee tronsit permit. I Hygiene prio	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO RY IN ITEM 16 PART 1 OR PART 2)
this certification in the purioling and Mento	MEDICAL	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19 21f. LOCATION	CITY OR TO	
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TO HOSPIT retained by TO FUNER should be with the Site	23a	BURIAL, CREMATION, REMOVAL	23b. DATE/13/80 23c 1	NAME OF CEMETERY OF CREMATORY HOLLY Hill Memoria	23d LOCATION Cardenswn	Baltimore Co. Mat.
DHMH-16 30M 2/80 (VRA 15, 4)	BE	ozdzinski Funer	ral home PA 1407	Old Eastern AvelF	TE REC'D. BY REGISTRAR	25b. RPO ISTRAR'S SIGNATURE

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600	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 U 5 V 7 O 1
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()	1 DE	CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
7 24	TYPE	Chaples Apthup Marklage) 12/14/on 2320
[(MAR)]	1 SE	A RACE S. DATE OF BIRTH 6. AGE (IN YEARS EAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
		Male Caucasian Of DAY 23 57 YRS. MONTHS DAYS HOURS MIN.
4 92 50	7a. B	RTHPLACE (STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 1 BALTIMORE CITY OR COUNTY OF DEATH
1 1 50	11	TY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126, USUAL OCCUPATION 125, KIND OF USINESS OR
of the led will	10, 0	TY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 17b. KIND OF USINESS OR (IF NOT IN SLICH FIGUREY, GIVE STREET ADDRESS) 17 A COMMON OF DEATH 17 DEATH 18 DEATH 18 DEATH 19 DEATH 19 DEATH 19 DEATH 10 DEATH 10 DEATH 10 DEATH 11 DEATH 12 DEATH 12 DEATH 12 DEATH 13 DEATH 14 DEATH 15 DEATH 16 DEATH 17 DEATH 17 DEATH 18 DEATH 18 DEATH 18 DEATH 18 DEATH 18 DEATH 18 DEATH 19 DEATH 10 DEATH 1
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with with detely d 2 s	14. FA	THER'S NAME 15. MOTHER'S MADEN NAME FIRST MIDDLE LAST LAST LAST MIDDLE
Non & S		Charles Edulard Bark DOU ETHE! M'AE CLARK
BALTIMORE, MARYLAND 2120 Respectived within 24 hours system and completely filled in by opers. Poges 1 and 2 should be fill wol. The medical examiner must be not the must b	160	REDECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS PARKIOW SEE #13
cion ers. P	-4	100000
		PART I. DEATH WAS CAUSED BY:
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STO		Conditions, if ony, which (b) malignant ventricular arrhyttimus
PRE company r tra		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF
their transfer or other or other or other their		underlying couse lost (b) my cardial injarction
20 mm		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)
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+ T 0 = 5 C	H	21a. ACCIDEN WAS UNDERLYING 21b. TIME OF INJURY 0 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2)
ON OF VITA TYSICIAN. T ding physici is certificore burial-transi Mental Hygi		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
HYSIC nding his cert burial dimental ar Hent	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION
DIVISION OF VIT	¥	WHILE NOT WHILE AT WORK AT WORK AT WORK
DIVIS or atter After the e as the olth one morked		22a 1 certify thos/(1) (this hospital) attended the deceased from 12/14 19/00, to 12/14 19/00, that (1)/(we) lost
OR OR		sow the deceased alive an 12/14/19 and that is (my) (our) opinion death accurred an the date and hour and from the causes stated
R AT hasp hasp hed feet opt. o		obove (1) (ye) (did) (did not) view the body ofter deoth. 27h. SIGNAPURE DEGREE 27h. DATE SIGNED
F C C C F		ATTENDING MEDICAL STAFF
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		CITY OF TOWN
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DHMH-16 30M 2/B0 (VRA 15, 4)	24. 1	INERAL DIRECTOR ADDRESS. FOTON ac 51 250. DATE REC'D. BY REGISTRAR' 256. REGISTRAR'S SIGNATURE ADDRESS. ME DIRECTOR ADDRESS. FOTON AC 51 7 1980 ADDRESS. ME DIRECTOR ADDRES

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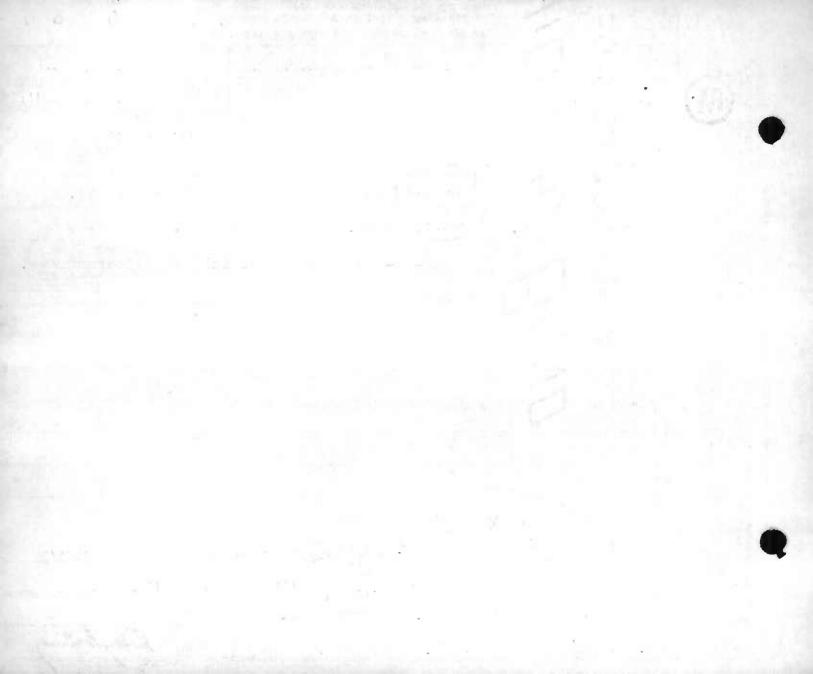
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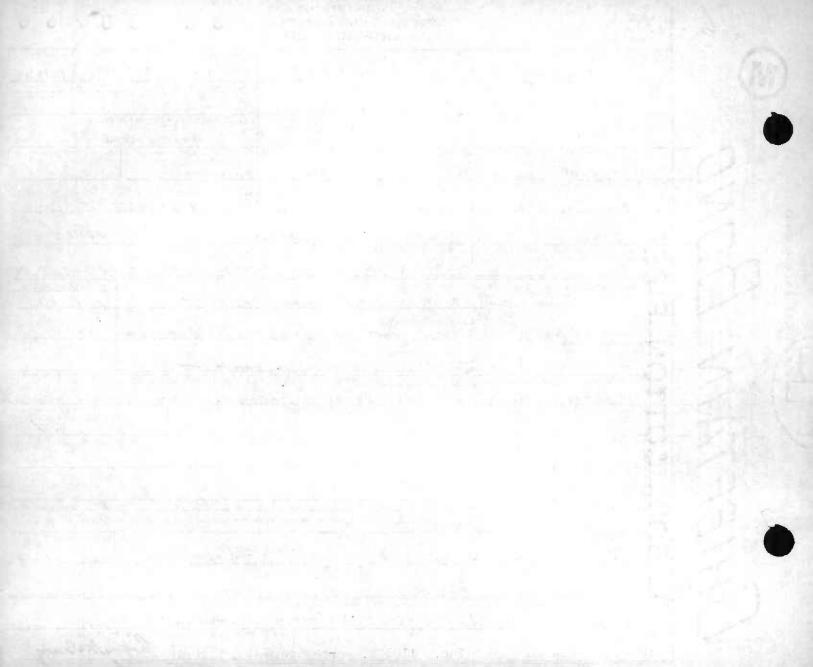
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	Ja. STAT		13b. COU		13c. CITY OR TOWN BALTIMOR		13d. INSIDE CITY LIMITS? YES XX NO		DRESS GIST AVE	. #:	21215	
0			JAMIN	MIDDLE	BASS LAST		15. MOTHER'S MAIL FIRST REB	A	MIDDLE		MYERS	
	(YES, N	S DECEASEI NO, OR UNKNO ES		RMED FORCES? (E WAR OR DATES) - KOREA	218-22 - 2		BELVEDER		EBA ABTEE APT. 519		2500 W. #21215	
JRIAL, CREMATION, OR REMOVAL		cause (a) lying cau		CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL OISEAS		PART 1 (o).			20 AUTOPSY	2
2	TIFIC.		L CAUSE WAS	216. TIME O			OW INJURY OCCUR				YES 🗆	NO 🔀
23	DICAL DICAL	NDERLYING ONTRIBUTION	OR OG CAUSE OF	HOUR A.A F DEATH P.A 21e PLACE	A. MONTH DAY YE	AR 21f. LO	CATION STREET		R TOWN		DUNTY	STATE
	A		fy that I taak chai	rge of the remains de	scribed abave, held an	Autap Suicide	sy , Inspect , Hamicide TITLE (SPECIFY) A.D. Assistan	Undetermine	d manner .	DATE SIGN	12 /1	/80
TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE STA	(T	CAMINER'S YPE OR PRI	VT)		R. Guard,M		ADDRESS 111			to.M	D 2120	1
	(SPEC	BURI	TOR SOL	12/3/80 LEVINSON CERSTOWN R	SHAARI BROS., D. BALTO.	I TF		E REC'D. BY REGIS	IMORE	COU ISTRARY	MARYLAN	ND
(5))					DALIO.	MID	1215 DLU	~ 1 1000	1		- 1	

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1	1-	FOR 18 STATE REGISTRAR CEASED NAME	FIRST			STATE OF A	AND MEN	ITAL HYGIE	ATH R	EG. NO.	O /	6 4
ARY, PLEASE DIRECTOR. SILES. COURS	3. SE.	Male	Black	5. DATE OF BIRTH	47 3	E (IN YEARS IF UN BIRTHDAY) MONT YRS.		UNDER 24 HRS	DEATH MAT 2c. DATE PRONOUNCED DEAD	ED .	12 19 11 DAY	80 M YEAR 24. HOUR 80 1:28
ELAY IS NECESS TO THE FUNERA PAGE 5 FOR REFIELD, WITH	10. C	IRTHPLACE (STATE OF PREIGH COUNTRY) ITY OR TOWN OF D Baltimore	EATH C	5713	A PITAL, NURSING BITY, GIVE STREET AD SIMMONS	HOME, OR OTH	ED 🗆 I		9. BALTIMORE Baltin SUAL OCCUPATIO R MOST OF WORKING L	nore C	ITV.	MD. OF BUSINESS DUSTRY
AND SHOULD RECORD	13a. S	AL RESIDENCE (IF IN) TATE MD	NURSING HOME OR	OTHER INSTITUTION, GIV Y	Balti	ADMISSION)	13d INSIDE CITY YES	LIMITS? 13e. ST	r4105esBc	parman	n Ave.	
ORE, MD. DEATH. IF NGES 1, 2, RM PM 3. TAND 2 SI		THER'S NAME James VAS DECEASED EVE	DINIII C ADAA		astfie			aldine	E.	DRESS	Clark	
SATTIMORE, SS AFTER DEA! GIVE PAGES I ANI	(Y	Yes	(IF YES, GIVE W	/AR OR DATES)	218-4	4-6235			ield 41			Ave.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 WER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELCATE, WRITING THE WORD. "PENDING" IN PENCIL IN 1EM 18. GIVE PAGES 1. 2, AND 3 TO FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN POR. PAGE 3 SHOULD BE USED AS A BURAL—TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, AND 21201 PRIOR TO BURRAL, CREMATION, OR REMOVAL.	NOI	Conditions, if gove rise to couse (a) stati lying cause las	immediate ng the <u>under-</u> it.	DUE TO, OR A	AS A CONSEQUUT HOT RELATED TO	ENCE OF	OR CONDITION GI	IVEN IN PART 1:0).				ONSET AND DEATH
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BP	(:	urial, Cremation	, REMOVAL 231		23c. NAME	of CEMETERY O Veteral	CREMATORY S Cem	7 234 L	OCATION YOR TOWN LOWNSVI	lle		MD ^{state}
DHMH - 17 (VR A15 ME (5))	-	M. C. M	arch F	T/H 110	1 E. N	orth A	1	DEC. 4	Y REGISTRAR 251	REGISTAR	S SIGNATURE	rudy



STATE OF MARYLAND

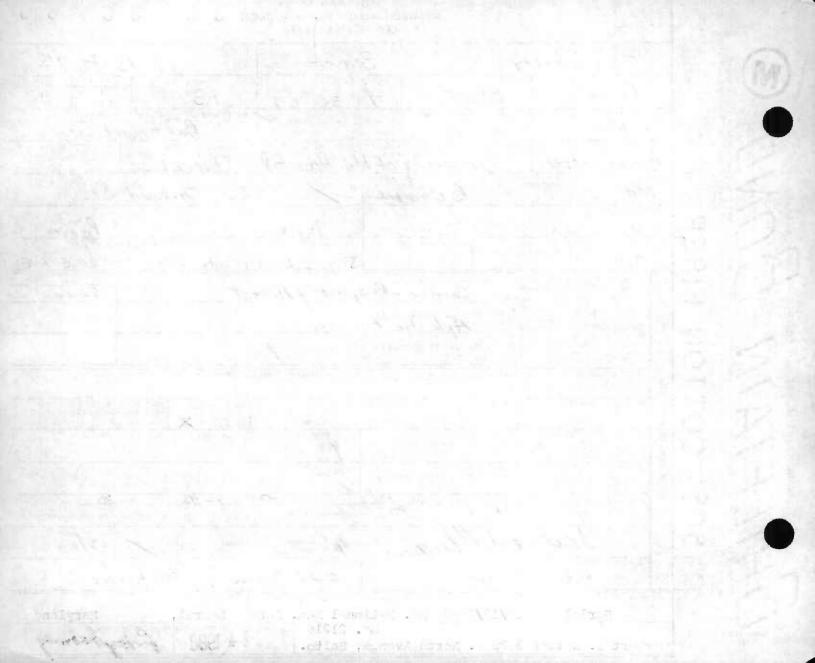


	1.	FOR - STATE REGISTRAR	DE	PARTMENT OF HEA	F MARYLAND LITH AND MENTAL HYGI ATE OF DEATH	ENE 8 0	3 0	166
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Page 4 may	1.59	MALE !	3	S DATE OF	BIRTH DAY YEAR	PAGE IN TAIS IST MAIN	PRS.	TYEAR PUNCER 24 HES DAYS HOURS MEN
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te be ex		VAS DECEASED PUR IN U.S. ARME	MA CA DATES	7-44-3858	George W. B		E. 21st	
e death certifica trending physical e carbon pape lon, or remov r traumatic ev		18 CAUSE OF DEATH (Enter only PART). DEATH WAS CAUSED E IMMEDIATE (Conditions, if only, which	CAUSE 10 CATE 1	noma e	olon wit	h meter	1 0 -	APPROXIMATE INTERVAL WEEN ONSET AND DEATH 22-2-1 MCOTU
ed by the ati ease remove rial, cremati iry, or other		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	SEOUENCE OF	,			
law requires been signed it. Then pleas rior to burial s any injury,	NO	PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTION	25 CL	of related to the termi	NAL DISEASE OR CONE	ral	years
e has bermin ene p	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	NAS PERFORMED	200 AUTOPSY?	200. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO []
NDING PHYSICIAN: THE attending physician. Refer this certificate has as the burial-transit permeath and Mental Hygene is marked or Item 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTI P.M.	H DAY YEAR	IC HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PA	ART 2)
attending F After these the burner of the and M marked	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, C		II LOCATION STREET	CITY OR TOW		TY STATE
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SPITAL OR AT Iby the hospital IERAL DIRECT se detached for a State Dept. of		226 SIGNATURE	orth (o	ok 1	ATTENDING PHYSICIAN	MEDICAL STAF	F _ /2	·30·80
TO HOSPITAL OR ATTE		22d. PHYSICIAN'S NAME (TYPE ORPR	th Go	KMD	2431 Ma	ry land	Ave.	Balt. 3121
/BP	230 8	SPECIFY)	1/5/81		ETERY OR CREMATORY	23 LOCATION CITY OR TOWN	COUNTY	STATE
	24 FI	Burial 1 UNERAL DIRECTOR			vary Cem.	Anne Arun	IGEL CO.,	Md.
DHMH-16 25M (VRA 15, 4) 1/79		NAME	ADDR	NESS		N 9 1001	Ritam	ho. C.

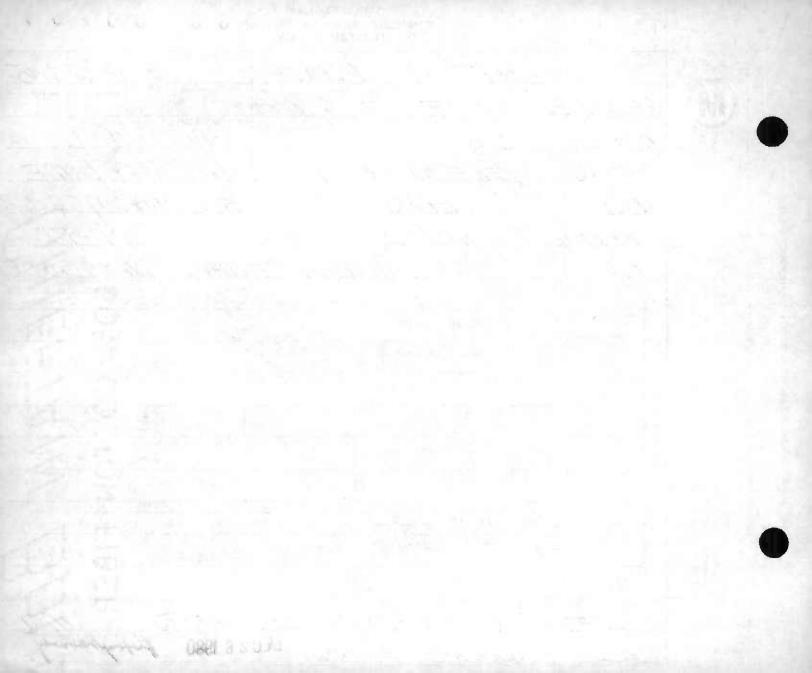
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		FOR	DEL		MARYLAND H AND MENTAL HYGI	ENE 8 0	3 0	1 6 8
	1.	STATE REGISTRAR			TE OF DEATH	REG. N	0	
25	1. DEG	CEASED NAME STAC	MIDDLE	Bea	ver	2a. DATE OF DEATH		PO 710
	3. SEX	Female	A. RACE Black	5. DATE OF BIR	TH DAY YEAR 7	6. AGE (IN YEARS LAST BIR		
The man by		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY C		Chi
by the filled with	10 CI	altimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OT		12a USUAL OCCUPATI (TYPE OF WORK FOR MOST OF	ION 12b. K DF WORKING LIFE) INDU	IND OF BUSINESS (
filled in auld be	13a S	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE NTY 13 CITY OF	13d.	NSIDE CITY LIMITS?	130 STREET ADDRESS	hard S	7.
uted within completely 1 and 2 sh	14. FA	THER'S NAME U) L(/ IAM)	MIDDLE TAN		TOUCE	E MIDDLE		Reast New
n and ca Pages 1	16a. W		MED FORCES? 166. SOCIAL (VE WAR OR DATES)	SECURITY NO. 17 1	NFORMANT DVCC L. U	ADDRE	IS PEN	ROSE AVI
ires that the death certificate gned by the attending physic in please remove carbonopope burial, crematian, ar removal. ty, ar other traumatic event, th		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONS (b) TFA DUE TO, OR AS A CONS (c)	SEQUENCE OF		SAL DISEASE OR CON		orin.
ne law require. In has been si permit. The permit the prior to was any inju	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WA	S PERFORMED	20a AUTOPSY?	206. IF YES, WERE IN CERTIFYING CA	FINDINGS USED USES OF DEATH?
SICIAN: 1 ng physic certificate urial-trans tental Hyg tem 18 sh	CAL	2] 0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	1 DAY YEAR	HOW INJURY OCCURRE			
+ 5 5 -	MED	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	(AT HOME, STREET, FACTORY, O		LOCATION STREET	CITY OR TO	WN COUN	YTY STATE
			tal) attended the decorded (rom 10/6	19 80	_, to 12/13	19.00	, that (1) (we) l
TTENDING pital ar at pital ar at for use as t for use as t af Health af Health ar Marke		22a. I certify that (I) (this haspit saw the deceased alive on above (I) we contain a distribution	12/13	Oms /	in (my) (our) opinion d	eath occurred on the de	ote and hour and fro	m the couses stated
OR ATTENDING he haspital ar at DIRECTOR: After ched for use as t dept. af Health a Pem 21 is mark		sow the deceosed olive on above. If we add to did not 22b. SIGNATURE	t) view the body after decuh.	19 80 , and the	ATTENDING PHYSICIAN	MEDICAL STAI	220.	DATE SIGNED
OR ATTENDING e haspital ar at DIRECTOR: After ched for use as t dept. af Heath a Pept. af Heath a		sow the deceased alive on	t) view the body after decuh.	19 80 , and the	EE ATTENDING	MEDICAL STAI	22c.	
AL OR ATTENDING I the hospital or of AL DRECTOR: After gletched for use as it are Dept. of Health o	23a. B	sow the deceosed olive on above. If we add to did not 22b. SIGNATURE	RPRINT) Littman 23b. DATE	DEGR	ATTENDING PHYSICIAN DADRESS	MEDICAL STAI DIRECTOR PHYSIC	Paltmos	



V	11	-	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 3 0 7 6 9
1			REGISTRAR CERTIFICATE OF DEATH REG. NO.
	2 76	I. DE	CEASED NAME FIRST MIDDLE A LAST PLAN 20. DATE OF DEATH MONTH DAY YEAR 28 HOUR CORPRINT) MARCAPET A RECORDED 12 24-80 7.46
	(MA)	3.5E	4 RACE S. DATE OF BIRTH MONTH MONT
-	(IN)	100	INTIMPLACE (STATE ON FOREIGN) 7/2 CITIZEN OF WHAT COUNTRY? 8.
	September 17	1	MARY ANN 11.5 A. WIDOWED DIVORCED BANTO, MO.
10	by the f	110 C	ITY OR TOWN OF DEATH IN AME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TO SELECTION (TYPE OF WORK FOR MOST OF WORKING LIFE) TO SELECTION (TYPE OF WORK FOR MOST OF WORKING LIFE)
AND 2120	Whed in could be made the	USU Ide	AL RESIDENCE OF NUMBERS - COUNTY OF THE RESIDENCE STORY ADMINISTRATION OF TOWN 13d INSIDECITY LIMITS? 13e STREET ADDRESS HAPING CASS R
MARYLAND	ompletely and 2 st	HL FZ	FRANCIS MIDDLE MIDDLE PROTECTION MIDDLE PROTECTION AME
BALTIMORE,	n ond ce Poges		NAS DECEASED EVER IN U.S. ARMED FORCES? VES, NO OR (INKNOWN) (IF YES, GIVE WAR OR DATES) WAS DECEASED EVER IN U.S. ARMED FORCES?
ST., BALT	physicia npapers moval.		18 CAUSE OF DEATH Enter only one couse per line for (o); (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MEDIATE CAUSE (o) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH C h rs
7	ne death cer ne attending smove carba mation, or re r froumatic e	>	4809 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) VIral ynume 77 hrs
	of the se remo		gove rise to immediate couse (o), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF LAMMA RUMAN DANA DANA DANA DANA DANA DANA DANA D
s, 20	quires the signed to the pleo to buriol, injury, or o	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01
L RECORD	hos been permit 1 me prior	CERTIFICATION	190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO YES
DF VITAL	Sician: The ical physicion. Certificate has certificate has ental Hygiener ental Hygiener litem 18 shows.		216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
	F S S S S	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
	or often or often is after the ise as the ealth and s marked		22a.1 certify that (1) (this haspital) attended the degeosed from 3/6, 19/1 to WT 19/8, that (1) (we) lost
	Allen ospitol ECTOR ed for u		sow the deceased five on 19 ond that in (my) (our) opinion/death accurred on the date and hour and from the causes stated obove. (I) (we) (dust (dust not) view the body after death. 27b. SIGNATURE 12r. DATE SIGNATURE
	by the here here here here here here here		276. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D
	FUN FUN Suld to the the		POWAKO D. WWT W
18/5	2	23a E	BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN COUNTY PLATE
DH	MH - 16 50M 1/76	24 FI	UNERAL DIRECTOR NAME ADDRESS



(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	(IV	1.		MALE		BLACK	MONTH	DAY YEAR	64	YE		AYS HOURS	MIN
	42			RTHPLACE (STATE OR FOREH	GN 7b	CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE		NTY OF DEATH	1	
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0	21	111	10 CI	TY OR TOWN OF DEATH	11	 NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 		OR OTHER INSTITUTION	120 USUAL OCC	UPATION	12b KN NG LIFE) INDUS	D OF BUSIN	ESS OR
201	Jan 1	16		BALTIMORG-		LUTHERAN		PITAC	Labore				
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ON ST	ding orbo	atic e		4500	MEDIAIL	DUE TO, OR AS A CONSEO	LIENCE OF						
PRESTON he deoth o	ove c	oc m	H	Conditions, if ony, w		((b) ?	Asci	1D- C	HP.				
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201 W.	d by leose	ar ath		underlying couse	lost	(c)		x reun mu					
	en pl	ury, o	z	PART 2 OTHER SIGNIFI	CANTCO	NUTIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE OF	CONDITION	GIVEN IN PART	11(0)	
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OF VII	certificate	g 4		OR CONTRIBUTING CAUS		HOUR A.M. MONTH	DAY YEAR						
DIVISION OF	N N N	ō /	MEDICAL	21d INJURY OCCURRED		21e. PLACE OF INJURY		21f LOCATION STREET	CIT	ORTOWN	COUNTY		STATE
IVIS	ter th	morked	×	WHILE NOT WHILE		(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	SIRCE	CIII	ORTOWN	COUNTY		STATE
9 9	~ ~ ~ o	ē.		220 1 martiful that (# /ah)	is haspital) ottended the deceased from	12-0	58-80,19	, to			_, thot/(h)	(we) lost
R ATTEND	5 1	5		sow the deceased of above (1) (we) (did)	did note	12-10-80 19.	01	nd that in (my) (our) opini	ion death accurred or	the date and	hour and from	the couses st	toted
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TAL	_ + e	**		X/>> ~		thook		PHYSICIAN	DIRECTOR		x 110	-10-	0.
dso	FUNERAL old be det	ORTA		22d PHYSICIAN'S NAME	TYPE OR PE	A sake		27. ADDRESS	1 Hosn	Fil			
OHOS	TO FUNERA should be de with the Stot	¥ V	22	2122 1) [To See	NIAME OF	TOWN OF STREET	Tast to Carlo	NI INDE			-1.
-10	D		ZJ0 E	URIAL, CREMATION, REA	JAVON		, NAME OF C	EMETERY OR CREMATOR	23d. LOCATIO CITY OR TOV	VN .	COUNTY	ST	TATE
1210B	r		24. FL	Removal INERAL DIRECTOR		12/13/80		25a d	TATE POCH BE REGI	RAR 25b. CE	STSTRAR & SIGN	VATURE	7
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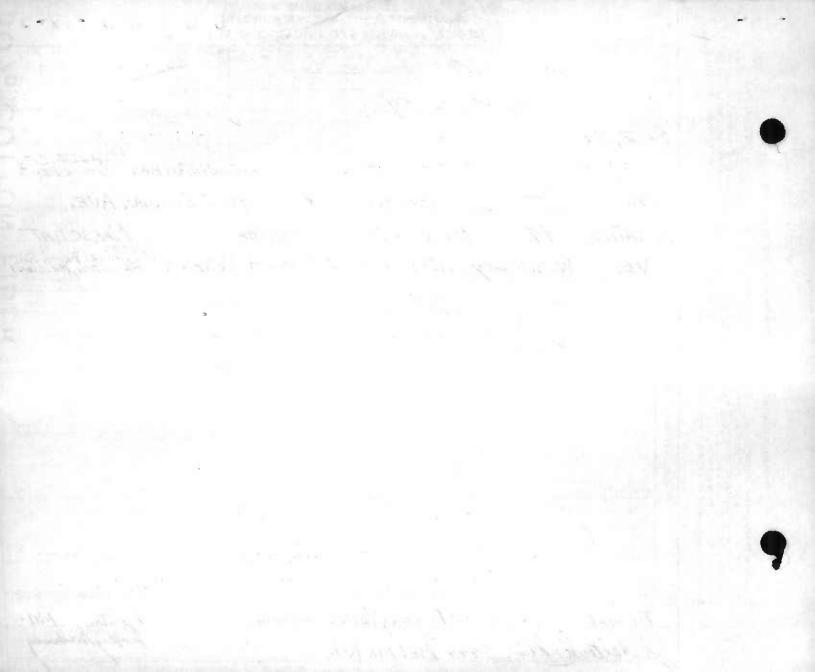
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e 4 m	No.	MALE	4. RACE CAUCASIAN	5. DATE OF BI	DAY YEAR 97	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Paga H. Paga		STATE ORFOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	TY OF DEATH
by the filed virth		BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS HOP	IG HOME OR O ADDRESS) KTNS		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING MECHANIC	126 KIND OF BUSINESS OR
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ored within	14 F.	ATHER'S NAME FIRST	HIDDLE LAST BENDE		MOTHER'S MAIDEN NA FIRST MARY	WE	LAST
te be execut action and colors. Pages 1		NAS DECEASED EVER IN U.S. ARAYES NO OR UNKNOWN) (IF YES, GIVE		RITY NO. 17	INFORMANT EVELYN SHI	ADDRESS MEK 17 BELMOR	
equires that the deoth ce n signed by the attending Then please remove carb to buriol, cremotian, ar in injury, or ather troumatic	N	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO E	ENCE OF	MATTINE T RELATED TO THE TERM	heart failur	VEN IN PART 1(a)
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HOSPI sined b FUNE buld be that he Si		228. PHYSICIAN'S NAME (TYPE OF	CONANO M	D . 220	JOHNS HO	PKINS HOSP MA	L BALT 27201
ρ ξ Ω ξ ξ <u>ξ</u> Ε	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL, CREMATION, REMOVAL			TERY OR CREMATORY EEMER	23d LOCATION BALTO	BALTO. STATE
DHMH-16 30M 2/80	24 F	UNERAL DIRECTOR	ADDRESS		BEC	TRECTO SHEGISTRANDING TECH	MAKE'S SIGNATURE

* · V	1	ems 21a thru 2 FOR dad STATE REGISTRAR	22a G52		CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	3	0 /	7 4
of the State of th		OR PRINT) SAM		WIDDLE		ENESCH	20. DATE OF DEATH	MONTH DAY		28 HOUR 12:14PM
ector, poo	3. SE	Male	1 RACE	hete	S. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN.
in 72 hour	C	RTHPLACE (STATE OR FOREIGN OUNTRY) MARY LAND	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	DE NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	1 /	FDEATH 174	MD.
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IMORE,		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) NO	MED FORCES? E WAR OR DATES)	212-20-8		MRS. ROSE	BENESCH 3	737 CLA	#2/2 RKS LAN	
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O HOSPITAL OR ATTEN etained by the hospital TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of He with the State Dept. of He		sow the deceased dive of above. (h (ke) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE C	Dec It view the body T W OR PRINT)	after death. AC	6100	nd that in (my) (out) opinion of t. DEGREE	MEDICAL STA	ate and hour o	nd from the co	auses stated
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	ON SERVICE	Ma	le White	AUGUST3		YRS. MONT	HS DAYS	HOURS MIN.	PRONOUNCED DEAD	12	6 1980	3:45F
	TA EST 2	24. BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WH		8. MARR	IED NEVE	R MARRIED	A. BALTIMORE C	ITY OR COUN	TY OF DEATH	
	Mecsakky, Pease Fungal Director. 5. FOR YOUR FILES. POWITHIN/22 HOURS M. PRESTON STREET,	16	ALTO, Md.	4.5	A.	WIDOV		DIVORCED	Baltimo	ore Cit		MD.
E.A.	7 4 4 4 4	10 CI	TY OR TOWN OF DEATH		ILITY, GIVE STREET ADD	RESS)			SUAL OCCUPATION		BARLY S	USINESS
	A DA MAN	FICILI	Baltimore LE RESIDENCE (IF IN NURSING HOME O	4007		Avenue		RET.	REED PATROL	MAN	POLICE D	EPT
1201	A DEATH. IF ANY DELAY IS NEED. NOW PAN 3. RETAIN PAGE S.FO. S.I. AND 2 SHOULD BE FILED. WITHIN TO SELVEN	13a. S	TATE 13b COUNT	Y	13c. CITY OR TO	VN	134 INSIDE CITY		REET ADDRESS	7.700.11	1.15	1 13
9.3	ALR 3. P.	14. F/	THER'S NAME		13/46	101		'S MAIDEN NAM	AE	MAN	TVE.	
, j	P S S S S	10	NATINE A	MIDDLE	RENEC	ch	*	FOTER	MIDDLE	N	bacch	07
WO S	NA SUN	16s. V	AS DECEASED EVER IN U.S. ARA	NED FORCES?	16b. SOCIAL SEC	URITY NO.	17 INFORMA		ADD	RESSREA	R	4/
T I	4 HOURS ATTER DEATH. 18. GIVE PAGES 1, 2 DNG WITH FORM PM 2 FERMIT. PAGES 1 AND 2 IENE, DIVISION OF VITA AL.	(1)	VEC (IF YES, GIVE	VAR OR DATES)	215-18-	-6503	Edwa	and Ail	BENESCH	" " LEAR	REL BROOM	
1 2 3	00===		18. CAUSE OF DEATH (Enter an	y ane cause per line	far (a), (b), and (c)						APPROXIMA	TÉ INTERVAL SET AND DEATH
No.	PERMIT WAL		PART I DEATH WAS CAUSED	BY: E CAUSE (a)	Cachexia					0.5	DEFINEE TO GO	CT APP DEATH
STO	A STATE OF S		1779	DUE TO, OR	AS A CONSEQUE	NCE OF						
<u>x</u>	ZANER ZANER	-	Conditions, if any, which gove rise to immediate	(b)			1-11-1					
× =	WEN THE		couse (a) stating the under- lying couse lost.	DUE TO, OR	AS A CONSEQUE	NCE OF						
8, 20	NG" IN PI CAL EXAN BURIAL - 1 AND MEI WATION, C		A ANY A RAMES CLOSULES ANY COMPANYORS	(c)								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201		Z	PART 2 DTHER SIGNIFICANT CONDITIONS O	ONIRWUTING TO DEATH B	UT NOT RELATED TO TH	E TERMINAL DISEAS	E DR CONDITION G	GIVEN IN PART 1 (a).				
- W	ICATE, MINICALE SHOULD BE SIGNER, INICATE, WRITING THE WORD "PENDINE FORWARDED TO THE CHIEF MEDICAL PAGE 33 SHOULD BE USED AS A TIME STATE DEPARTMENT OF HEALTH AND, 21201 PRICK TO BURIAL, CREMAND, 21201 PRICK TO BURIAL CREMAND, 2120	CERTIFICATION	19a DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION W	AS PERFORM	ED?			20. AUTOPS	Y?
ATA (38 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E	Ě									YES 🗆	NOV
0	CEKIFICATE SHO TING THE WORD DED TO THE CHIL 3 SHOULD BE US DEPARTMENT OF 1 PRICK TO BURK	W.	210 EXTERNAL CAUSE WAS	21b TIME OF HOUR A.M.	MONTH DAY	YEAR 21c. H	OW INJURY O	CCURRED (ENTE	R NATURE OF INJURY IN IT	EM 18 PART 1 OR F	ART 2)	
NO S	E P P P P P P P P P P P P P P P P P P P	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF D			9						
NVIS 8	PER 3 S PER		214. INJURY OCCURRED WHILE NOT WHILE	WIREET EACTO	FINJURY (ATHO		CATION		CITY OR TOWN	C	OUNTY	STATE
	MARI VARI 1ATE 2120		WHILE NOT WHILE TAT WORK									
	A HE S		220 I certify that I took charge	af the remains desc	ribed abave, held	Autop	sy 🔲,	Inspection X,	Inquiry .	ond in my	pinion	
	E THE		death resulted from Nature	ot couses [X]	Acquirent []	Suicide	, Homicid	le Und	etermined manner	<u>.</u>		
	8 × 8 × 8		ACTUAL 5	~ //	7 A		TITLE (SPE			DATI	:	
	SHE SHE W		SIGNATURE / 14	may	1 may		Deputy	y Chiefe	DICAL EXAMINER	SIGN		7/80
	EXECUTE THE CERTIFICATE, WRITIN CHE PAGE 4 SHOULD BE FORWARDEL PAGE 4 SHOULD BE FORWARDEL PO FUNEAR UNRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P	-	EXAMINER'S NAME (TYPE OR PRINT)	Thomas D.	Smith, I	4. D.	ADDRESS	III Penr	n St. Ba	Ito., M	1D.	
	BATTA E	23 a. B		b. DATE	23c. NAME O		R CREMATOR	Y 23d. I	LOCATION		INITY	
1701	BP		BURIAL	12-10-19	80 DULAI	VVALL	EYMEM	GADDENS	TY OR TOWN	BAL	Ta. /	Md.
1101	DHMH - 17	24 FI	DIERAL DIRECTOR	ADDRESS	7	1	250	a. DATE REC'D. I	8 1500	REGIS MAR'S	SIGNATURE	sodie
(VR A15 ME (5)) 15M 2/80		K Walter Jorch	len 544	14 BEL	AIR M	71	UEL	0 1300	, ,		1
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Balto., Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

Anatomy Board

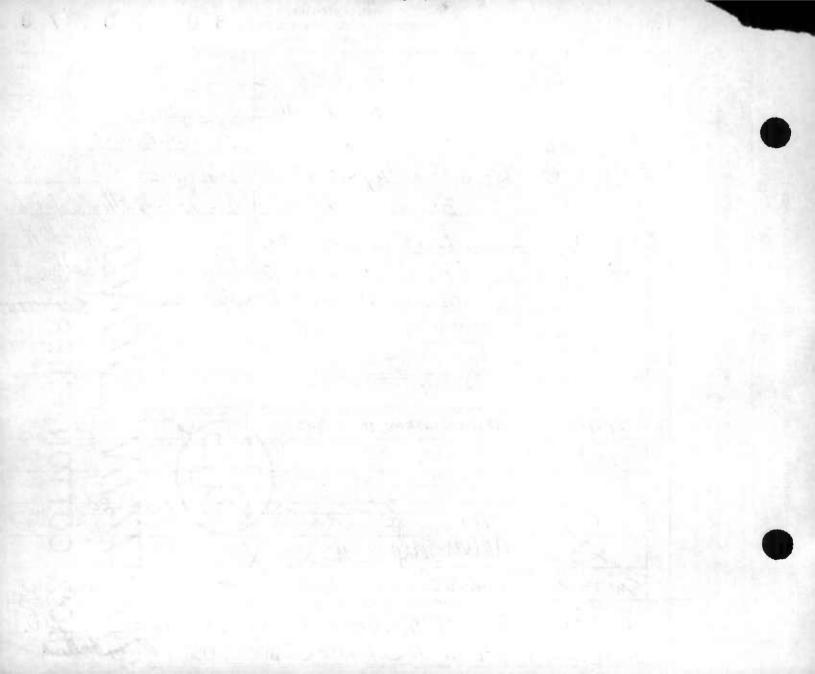
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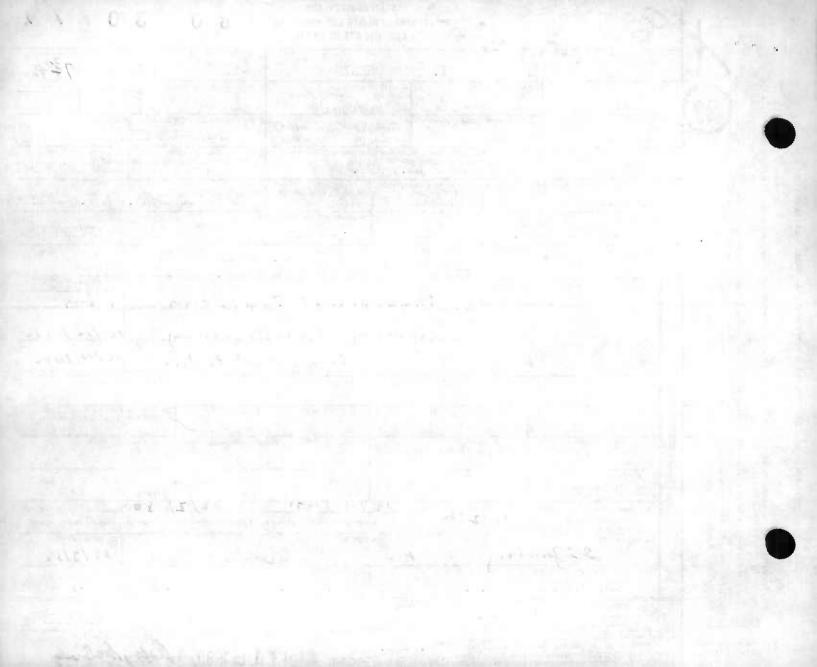
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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1	1.	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	5 0 /	
1		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH MONTH		. HOU
1 my	3 S6	SAMU	EL 4 RACE	I.	5 DATE C	ERLIN	DECEMBER 2,		UNDER
(MA)		MALE	1	ITE	MONTH		86 YRS		OURS
XX	C	RTHPLACE ISTATE OR FOREIGN OUNTRY) RUSSIA	USA	WHAT COUNTRY?	WIDOWE		BALTIMORE CITY OR COUNT BALT IMORE C		
of the state of th	F	BALTIMORE	3905	CLARKS LA	ODRESS) A	PT. B	124. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING I SELF—EMPLOY	12b. KIND OF B EDCLEANIN	IG &
filled in old be in	USU/ 130 S	AL RESIDENCE (16 NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION INTY	GIVE RESIDENCE BEFORE BALTIMORI	ADMISSION)	136. INSIDE CITY LIMITS?	13. SIREEI ADDRESS RKS L	A., APT.	В #
mpletely and 2 sho dical exa	14. FA	THER'S NAME JOSEPH	MIDDLE M.	"BER	LIN	JENNIE	ME MIDDLE	LÉVI	N
Pages 1 and 2	160 V	VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, GN	RMED FORCES? VE WAR OR DATES)	216-03-		MR.	HERMAN BERLIN GE CIR APT 7	#21208	
en signed by the attending physiciar. Then please remove carbon papers. Por to burial, cremation, or removal. sny injury, or other traumatic event,	NOI	gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(c)_	R AS A CONSEQUE			leart Failure Minal Disease or Condition GI	/ 0 / 10 /	198
an. cate has bee it permit. Tl ygiene prior 18 shows an	CERTIFICATION	196 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDING: IFYING CAUSES OF IES [
ng physician. this certifica urial-transit Mental Hygi d or Item 18		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.		Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)	
After S the b th and marker	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STA
ECTOR: for use a for Heal		220 I certify that (I) (this hasp sow the deceased alive or abave, (I) (we) (did) (did n	121	2/10/19		id that in (my) (our) opinion	death occurred an the date and ho	,	it (I) (v uses sta
TO FUNERAL DIRE TO FUNERAL DIRE thould be detached if with the State Dept. MPORTANT: If Ite		226. SIGNATURE	is try		Ceel		MEDICAL STAFF DIRECTOR PHYSICIAN	12. DATE SK	
retained by TO FUNER. Should be de with the Sta		224 PHYSICIAN'S NAME (TYPE ISRAEL ZIN		.D.		220 ADDRESS 4000 W.	NORTHERN PARKWAY	BALTO.,	MD
P	23e E	BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	23b. DATE 12/4			EMETERY OR CREMATORY K AMILINO	23d LOCATION CITY OF TOWN BALTIMORE	COUNTY MARY I	LAÑÎ
OHMH-16 25M (VRA 15, 4) 1/79	24. FI	INTERNITORING CYCLO	LEVINSON	& BROS.		21215 DEC	E REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATUR	E



	2	1-	FOR STATE REGISTRAR				ARTMENT		H AND M	ENTAL H	IYGIEN	\$ 0	REG	3	0 /	8	0
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		3. SE)	male	black	S. DATE OF B	DAY Y	EAR 6. AGE I	RTHDAY) MON'	THS DAYS	IF UNDER Hours		PRONOUP DEAD	NCED	12	15	YEAR 19 80	2d. HOUR 6:17A
	MA END		RTHPLACE (ST	ATE OR	76. CITIZEN	OF WHAT	OUNTRY?	8. MARE	RIED NE	EVER MARRI	IED 🗍	9. BALTIA	AORE CIT	Y OR COL	INTY OF E	DEATH	
	型第2505		Xlary (NST	*	WIDON	WED 🗆	DIVORC	ED 🗆			ore C	- 3		MD.
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MD. 21201	ANY DEL AND 3 TO RETAIN P HOULD BE RECORDS	130. S		IF IN NURSING HOME O		ON, GIVE RESI	CITY OR TOV		13d. INSIDE			ET ADDRI		(e	BV	e	
	EATH PM 3	14. FA	THER'S NAME	~un	MIDDLE		LAST		15. MOTH	ER'S MAIDE	NNAME	_ ^	AIDDLE			LAST	
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PRESTON ST., B.	24 HOURS ITEM 18. G LONG WIT PERMIT. P. GIENE, DIV		18. CAUSE OF PARTIDE	DEATH (Enter on ATH WAS CAUSE IMMEDIA	D BY: TE CAUSE (0)_	Arte		rotic	cardi	oyascı	ular						INTERVAL I AND DEATH
≥ ×	WITHIN ENCIL IN WINER A TRANSIT NTAL HY		gave ris	s, if any, which to immediate stating the under-	(b)_		CONSEQUEN										
ORDS, 201	WID BE EXECUTED "PENDING" IN P. EF MEDICAL EXA ED AS A BURIAL- HEALTH AND ME AL, CREMATION,	7		NIFICANT CONDITIONS	(c)_ CONTRIBUTING TO				SE OR CONDITIO	ON GIVEN IN PAI	RT 1 (a).		-				
EC	A SEALT	OF	19a DATE OF	OPERATION	1105 00		Alcohol		MAS DEBEOS	DAVED 2					las.	UTOPSY?	
IAL		F			175. CC	3140111014	TOR WITHCH	7 EKATIOTT	TASTERI OF	KWLD:							
DIVISION OF VITAL RECORDS.	ATE WOOD BE NOT THE COULD BE TO BUT T	AL CERTIFICATION	216 EXTERNA UNDERLYING	OR	HOU		NTH DAY	/EAR	IOW INJURY	Y OCCURRE	D (ENTER N	ATURE OF IN	JURY IN ITEA	A 18 PART 1 O		YES .	NO []
DIVISIO	THIS CERTIFIC WRITING TO WARDED TO PAGE 3 SHOUT TATE DEPART 21201 PRIORE	MEDICAL	21d INJURY O WHILE AT WORK		21e PL	P.M. ACE OF IN ET, FACTORY, F	JURY AT HOM ARM, ETC.)	E. 21f LC	OCATION STREET			CITY OR TO	WN		COUNTY		STATE
	TIFICATE BE FOR BE FOR BECTOR: ITH THE S RYLAND,		death resulte	y that I took charged from:	ral capses X	-	d above, held	Suicide	, Hami	Inspection icide ,	_	Inquiry		ond in my		0 /	100
	SEA SE	35	ACTUAL SIGNATURE_ EXAMINER'S I	NAME TT		au	-1 W 5		A.D	stant		CALEXAA			NED	2/15	780
	TO MED EXECUTE PAGE 4 TO FUN AFTER D BALTIMO	23a.B	(TYPE OR PRIN	ION, REMOVAL	rmez R	Gua	23c. NAME OF			11 Per		CALION	c, ga	to.,	MD 2	1201	
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		-							37								

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	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	30701
death	1. DECEASED NAME (TYPE OR PRINT)	WIDDLE	LAST BELLY	20. DATE OF DEATH MONTH	13 80 76. HOUR 1045
(mail	i sex	4. RACE B	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
	7g BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY USA	? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO	
for Miled	Bal Simore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION ET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126 KIND OF BUSINESS OF INDUSTRY
nould be file	USUAL RESIDENCE (IF NU) SWI 130 STATE Md.	OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE 136. CITY OR TO Balto.	WN 134 INSIDE CITY LIMITS?	130. STREET ADDRESS 625 N. Fulto	on Ave.
	14 FATHER'S NAME FIRST Ernest	Berry LAST	15 MOTHER'S MAIDEN NO Nannie	MIDDLE	Moore LAST
the medical	160. WAS DECEASED EVER IN U.S. / (YES, NO OR UNKNOWN) (IF YES, 1	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 216–24-		ADDRESS es 625 N.	Fulton Ave.
of the crieding prigary see remove carbonpapa other fraumatic event,	PART I. DEATH WAS CAU	DUE TO, OR AS A CONSEQ	propertions uence of tallure uence of uence of		RETUREN ONSET AND DEATH SOLUTION Y (5
t. Then pleas or ta burial, y injury, ar a	PART 2. OTHER SIGNIFICAN	T COMPITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER		
giene pri	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{YES} \) NO \(TEXTIFY NO TEXT NO TEX
Hem 18 sh	OR CONTRIBUTING TO CAUCE OF	DEATH HOUR A.M. MONTH	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITE	EM 18. PART 1 OR PART 2)
h and Me	THE FITHER, NOTIFY MEDICAL EXAMINE IN THE FITHER, NOTIFY MEDICAL EXAMINE WHILE NOT WHILE AT WORK AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
a for use on the alt	sow the deceased alive above, (I) (we) (did)/did	spital attended the deceased from an 2 (3) 50 in an anathrican the body after deal in a spital base of the s	, and that in (my) (our) opinion	, to 1213180 n death accurred on the date on	, 19, that (I) (we) losed hour and from the causes stated
detached tate Dept. NT: If Item	276. SIGNATURE	ald Ward		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
should be dete with the State (MPORTANT: I	259 BHAZICIAN'S NAWE LIAM	o war		EMORIAL HOSP	
N > Z	230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.	23d LOCATION CITY OR TOWN Anne Arunde	1 Co., Md., STATE
A 2/80 4)	24 FUNERAL DIRECTOR	1101 E. No 6 17	DEI	TE REC'D. BY REGISTRAR 256	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

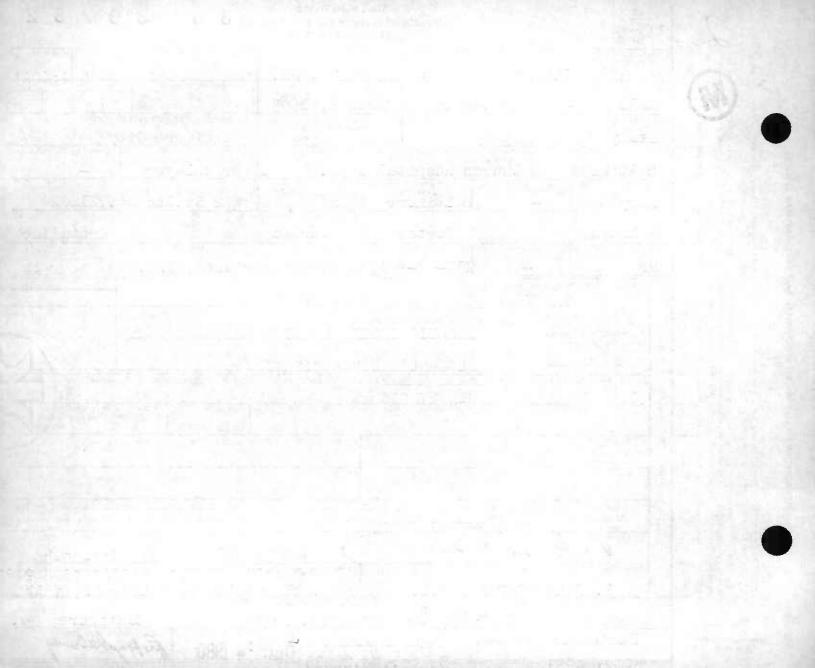
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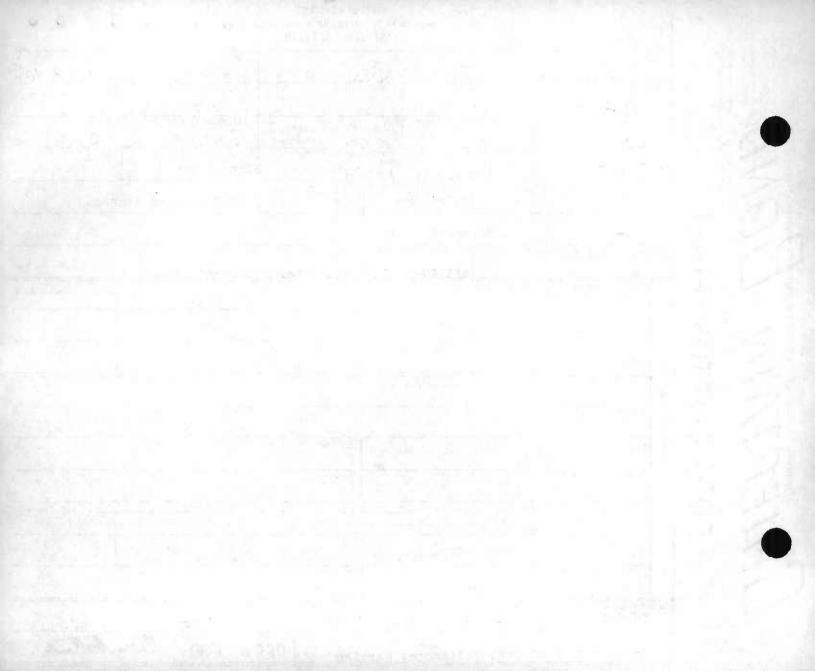
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2	1	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rGIENE 8 0	30/82
		DECEASED NAME FIRST YPE OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
		WILLI		BERTAZON, SR.		11 30 80 4:404
1 (14)	3.	SEX	4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1 2 6 0	1	Male BIRTHPLACE (STATE OR FOREIGN	Caucasian 76. CITIZEN OF WHAT COUNTRY?	March 9, 1903	77	YRS.
deoth. P	70	Italy	Italy	MARRIED IN NEVER MARRIED WIDOWED DIVORCED	Baltimore city of Baltimor	
201 rs ofter o filed with	3	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Church Hospi	tal Corp.	(TYPE OF WORK FOR MOST OF Bricklay	
AND 2120 n 24 hours filled in by nould be file	5 13	SUAL RESIDENCE (IF NURSING) LAR OI B. STATE COUR Maryland -	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 130. CITY OR TOWN Baltimo:	N 13d INSIDE CITY LIMITS?	13. SIREET ADDRESS 812 Stil	les St.,21202
MARYL, mpletely ond 2 sh	0 14	FATHER'S NAME Louis	Berta:	zon Teresa	MIDDLE	Gretalino
MORE, In ond col	1 161	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU		ADDRES	
BALTIMORE, ote be execu- visition and compers. Pages I val.		(YES, NO OR UNKNOWN) (IF YES, GI	- 217-07-	6847A Margie 1	Bertazon,wi	fe, same address
S, 201 W. PRESTON ST.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) HEPATIC DUE TO, OR AS A CONSEQUE (c) ALCOHOL	FNCEPHALOPATH)	, SE	DITION GIVEN IN PART 11a1
ORD requ redu sen si t. The or to or to			HEMOPTYS			
AL REC	2	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
SICIAN: SICIAN: ng physic certificate uniol-trons teem 18 si	100	On COLUMNIA CALLES OF OF		Y YEAR 19	JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
DIVISION OF VITAL RECORDS, DING PHYSICIAN. The low requir or attending physician. After this certificate has been sig e as the burial-transit permit. Then of the and Mental Hygiene prior to b marked or item 18 shows only injury	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FA	21f. LOCATION STREET	CITY OR TO	VN COUNTY STATE
ATTENDIN septral or ICTOR: Af defor use o		sow the deceased alive on	ital) attended the deceased fram	11-28 , 19 8 (80 , and that in (my) (our) opinion		, 19_80_, that (1) (we) last te and haur and from the causes stated
At OR At DIRE etocher te Depile: If Item		226. SIGNATURE	anlin	ATTENDING PHYSICIAN	MEDICAL STAF	22c DATE SIGNED 1.1 - 3.0 - 8.0
TO HOSPITA retoined by TO FUNERA should be d with the Sto		22d. PHYSICIAN'S NAME (TYPE O	RIVHNAN . M.D.			L CORPORATION 212 BALTIMORE MARYLA
O D BP	23	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	. 23b. DATE 23c N	reland Mem. Pa	23d. LOCATION CITY OR TOWN	Baltimore Md.
DHMH-16 30M 2/80	24	FUNERAL BIRECTOR NEW F		Brehms Lane	ATE REC'D. BY REGISTRAR	256. PL TISTRAR'S SIGNATURE

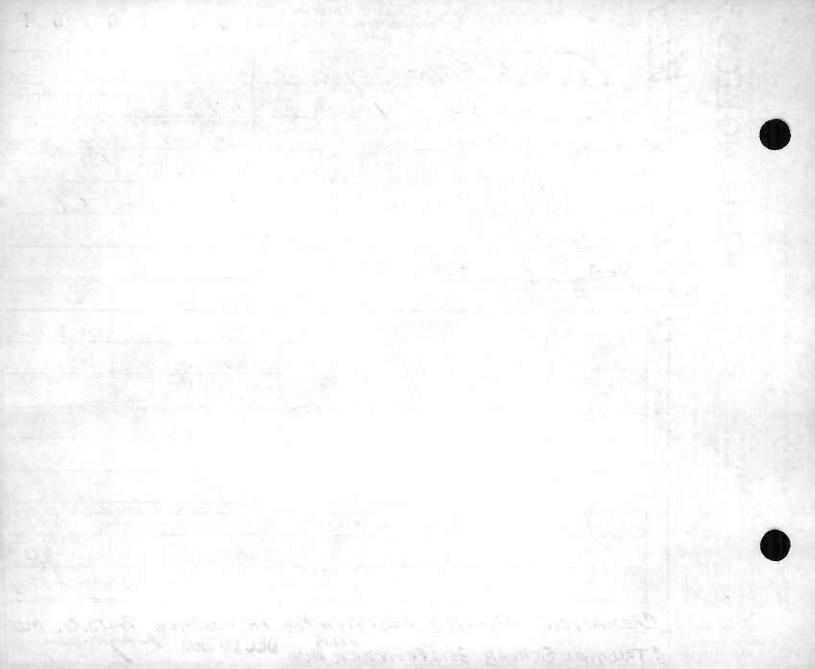


	1.	FOR - STATE REGISTRAR		DEF		IEALTH AND MENTAL ICATE OF DEATH	HYGIENE	B U REG. NO.	5 U /	0 3
	1. DE	CEASED NAME FIRST		MIDDLE		LAST	20. DA	TE OF DEATH MONTH	DAY YEAR	26 HOUR
poge 3	(TYP	E OR PRINT)		-	R	SHORNE	,	10	1. 21	2:110
de	3 SE	- mill	4 RACE	11	Do	OF BIRTH	1 ACE	(IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
D D	1 25	ha a	RACE	1	MONT	H OAY YEAR		4	MONTHS DAYS	HOURS MIN.
6	-	MHLE	WF	1 ITE	3	7 4		84 YF		
MARIE		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUN	MARRIE	D & NEVER MARRIED	9. BAL	TIMORE CITY OR COU		
48/1/		Italy	USA		WIDOW		-	ALTIMO		TY MD
1	1	ITY OR TOWN OF DEATH altimore			URSING HOME (OR OTHER INSTITUTION	1 12a. US	UAL OCCUPATION F WORK FOR MOST OF WORKING MASON	NG LIFE) 12b. KIND O	F BUSINESS OR
35	/USU 13a.:	AL RESIDENCE (IF NURSING HOM STATE Md.	E OR OTHER INSTITUTION		BE ORE ADMISSION) TOWN TOUR	13d. INSIDE CITY LIMIT YES NO	S? 13e. ST	REEL ADDRESS 05 Bayonne	Avenue	1
() Organiser	14. F.	ATHER'S NAME FIRST	MIOOLE Be	verati	т	15. MOTHER'S MAIDER	NAME	MIDDLE	LAST	
medicol		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?	16b SOCIAL	SECURITY NO.	17. INFORMANT		ADDRESS		
0		no		215-1	0-3461	Mr. Alber	t Beve	rati same		
event, th		18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse pe	r line for (o), (b), and (c),)				APPROXIV BETWEEN C	MATE INTERVAL INSET AND DEATH
ijury, or other traumatic	NO	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN	(0) (1	R) Hem	SEQUENCE OF	7	SIdeo	CVA SEASE OR CONDITION	GIVEN IN PART 110	nonth s
ony ii	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR W	HICH OPERATIC	N WAS PERFORMED	20a YES	INCE	YES, WERE FINDIN RTIFYING CAUSES YES	
ond Mental Hygiene	ER	21a. ACCIDENT WAS UNDERLYING				21c HOW INJURY OC		ITER NATURE OF INJURY IN ITEM	band	1.0
19 H		OR CONTRIBUTING CAUSE OF								
or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED		OF INJURY	19	211. LOCATION				
marked	WE	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, C	FFICE, FARM, ETC }	STREET		CITY OR TOWN	COUNTY	STATE
is mort		22a. I certify that (I) (this ha	spitol) ottended th	ne deceosed I	rom_17/4/	용이 19_ '	80 to	12-160	. 19 80 .	that (I) (we) lost
2 L		sow the deceased glive above (I) we ((did)) did	on 13/6		19 80 ,0	nd that in (my) (our) opi	inion deoth o	curred on the dote and	hour and from the	couses stoted
f Hem		22h. SIGNATURE	nor) view the body	offer deofn.		DEGREE			22c. DATE	SIGNED
U 4		proved a.	Barre	2001	n.D.	ATTENDIN PHYSICIA		ICAL STAFF	12/6	180
TAN		226. PHYSICIAN'S NAME (TY	PE OR PRINT)			22e ADDRESS				0.7
with the State		David O.	Barret	H		Mercu	Ho	spital		
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STATE OF MARYLAND



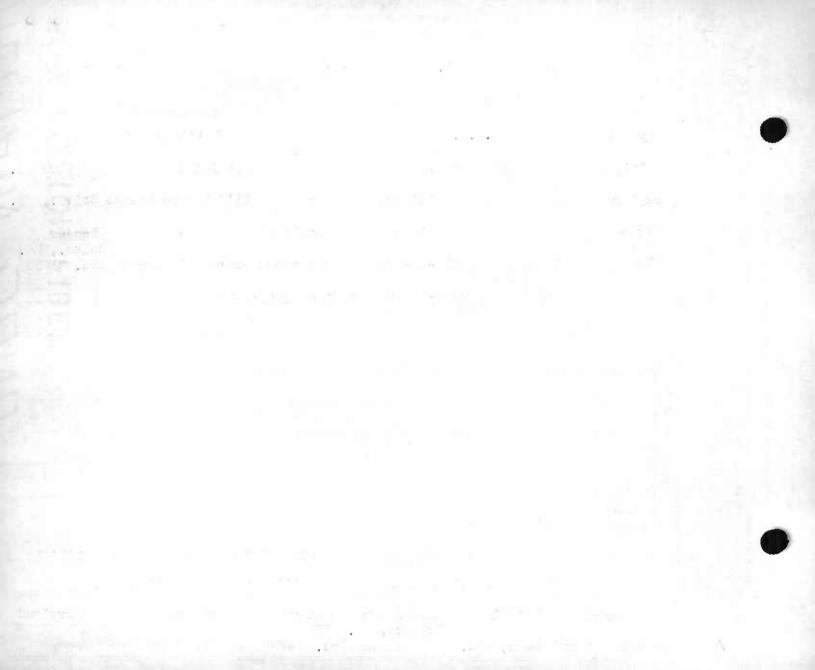
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oe execu	2 160 (VAS DECEASED EVER IN U.S. AR YES, NO ORUNKNOWN) (IF YES, GIVE	EWAR OR DATES)	LSECURITY NO. 117 INFORMANT	bet	ADDRESS	
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AL OR A the hos AL DIREC etached ite Dept.		226. SIGNATURE		DEGREE ATTEND PHYSIC	ING MEDICAL	STAFF PHYSICIAN	12-11-80
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

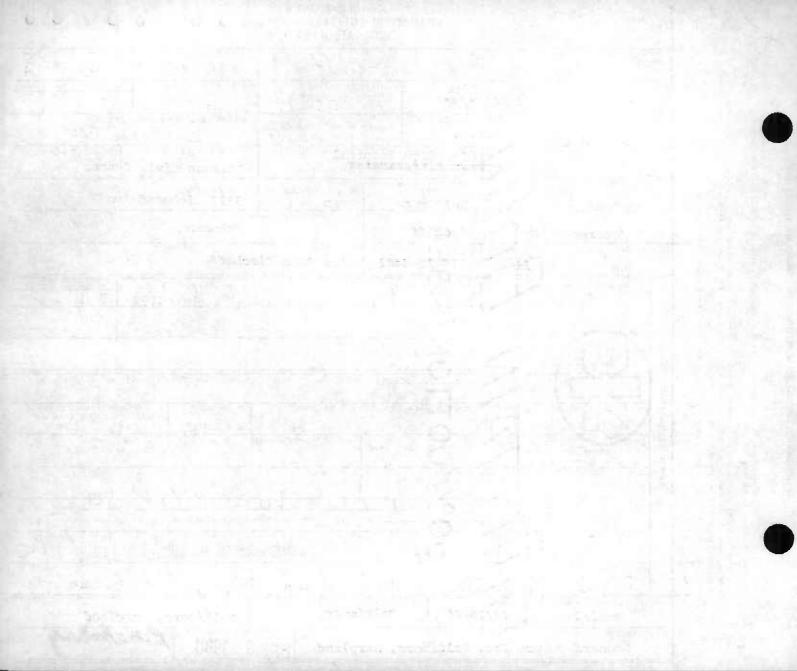
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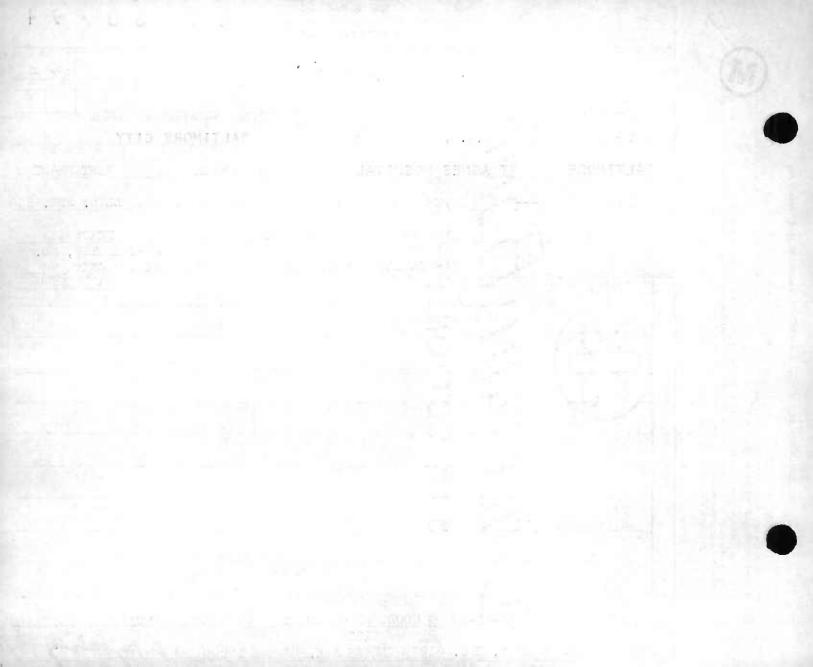


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4	3. SE	X	4 RACE	5. DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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IM1	7a. B	IRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
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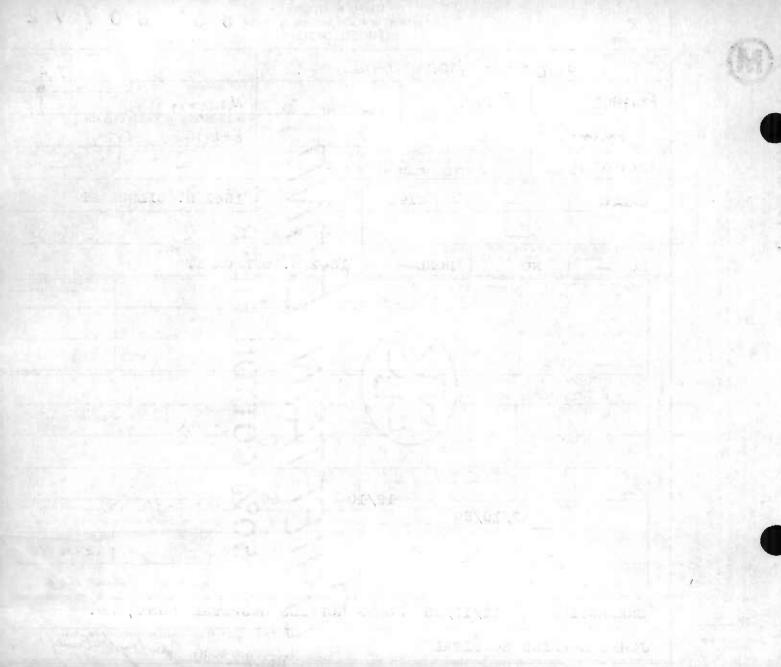
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STATE OF MARYLAND



		1	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		8 0	3 (7	9 2
		3. SE	CEASED NAME FRS	ALS TON,	BABy	C-I	AST PF BIRTH	20	REG. NO DATE OF DEATH (GE (IN YEARS LAST BR	MONTH DAY 2 /U [HDAY] IF I	YEAR 80 JINDER I YEAR	26 HOUR 7 A IF UNDER 24 H
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The le	Swod 2	RTIFI			103.55.4			,	res 📗 NO 🔼	IN CERTIFYIN		NO [
NG PHYSICIAN: The attending physicion there this certificate his set this certificate his she burial-tronsit prond mental Hygien	Hem 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OC	CCURRED	(ENTER NATURE OF INJUI	RY IN ITEM IB PART	1 OR PART 2)	
PHY endi	rkedor	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((ATHOME, STR	OF INJURY REET, FACTORY, OFFICE, I	ARM, ETC)	21f LOCATION STREET	90	CITY OR TO	wN	COUNTY	STATE
R ATTENDI hospitol or IRECTOR: A hed for use ept. of Heol	them 21 is mo		220. I certify that (I) (this saw the deceased aliabove, (I) (was (did) (did) 22b. SIGNATURE	hospital) ottended the ve an 12/10/	80 19_after death.		, 19 nd that in (my) (our) op DEGREE	pinion deat	to <u>12 - 10 -</u> h accurred on the do	19. 19. ate and hour ar		
by the FRAL Store Store	TANT.		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	y mo		22e. ADDRESS		EDICAL STAF			10-80
TO HOSP retained to TO FUNE should be with the S	IMPORTANT	230	MARY J.		122.	NAME OF C	JOHNS HI				BALTIM	ORE
0/BP			CREAMATION UNERAL DIRECTOR		13/80	JÖHN	S HOPKINS	1000				STATE
DHMH-16 30M 2/8 (VRA 15, 4)	0	74 F	JOHNS HOPK	INS HOSP	ITAL				O 1000	Links by	A CO	ordeg



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CERTIFICAT

MEDICAL

STATE OF MARYLAND FOR - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR TYPE OR PRINT) HENRY 12- 16- 80 ANDERSON BLACKWELL. 5 DATE OF BIRTH 4 RACE 3. SEX 6. AGE FIN YEARS LAST BIRTHDAY! IF UNDER I YEAR IF UNDER 24 HRS MALE TONTO 4 1918 BLACK 62 To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND USA DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR WINDSOR GARDENS LANE BALTIMORE CORRECTIONAL OFF-PATUX MARYLAND 13d INSIDE CITY LIMITS WINDSOR GARDENS LANE 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME E . JOHNSON HENRY ANDERSON BLACKWELL RUBY ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 213-03-5641 VALERIE MATTHEWS 1908 CHELSEA RD.

	18 CAUSE OF DEATH (Enter on	nly one couse per line for (0), (b), and (c).)	BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (0) ASH Dwith recent anteroseptal MI	
	IMMEDIAI	E CAUSE (o)	
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	
	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
		((c)	
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
O	Listre	to mellitie	

190. DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

716 TIME OF INJURY HOUR A.M. MONTH

P.M

20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

DAY YEAR

NO

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

TIE PLACE OF INTURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION

CITY OR TOWN

COUNTY

STATE

220.1 certify that (I) (this bespital) attended the deceased from obove, (I) (we) (didy

DEGREE

ATTENDING

and that in (my) (our) applicar death occurred on the date and hour and from the causes stated

STAFF

22c. DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OR PRINT)

SAUNDERS. M.D.

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 300

GARRISON

23g. BURIAL CREMATION, REMOVAL BURIAL

23b. DATE 12-20-80

23c NAME OF CEMETERY OR CREMATORY ARBUTUS MEMORIAL

23d LOCATION PK BALTIMORE COUNTY

DHMH-16 60M 1/73

TO FUNERAL DIRECTOR:

ould be detoched th the State Dept.

24 FUNERAL DIRECTOR

22b. SIGNATURE

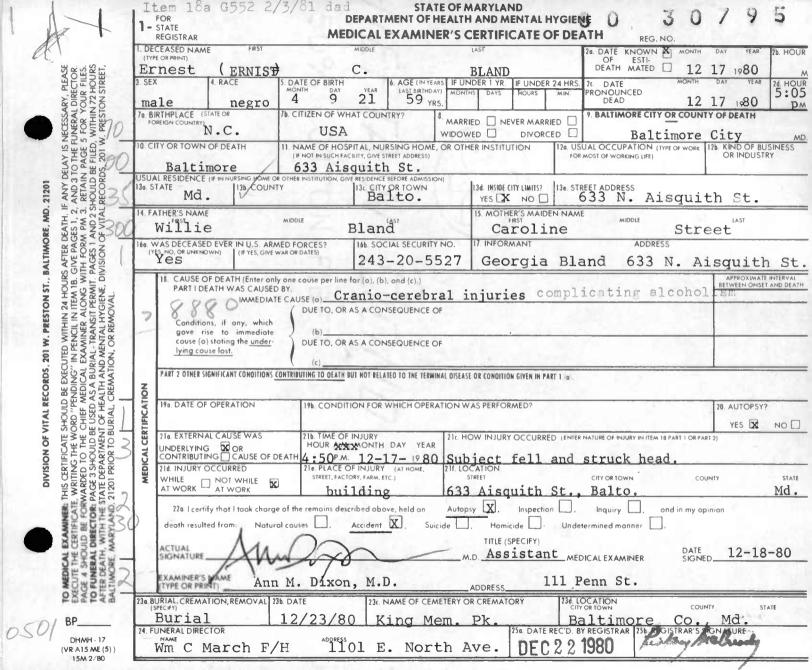
HERBERT E. NUTTER 3035-37 W. North Ave

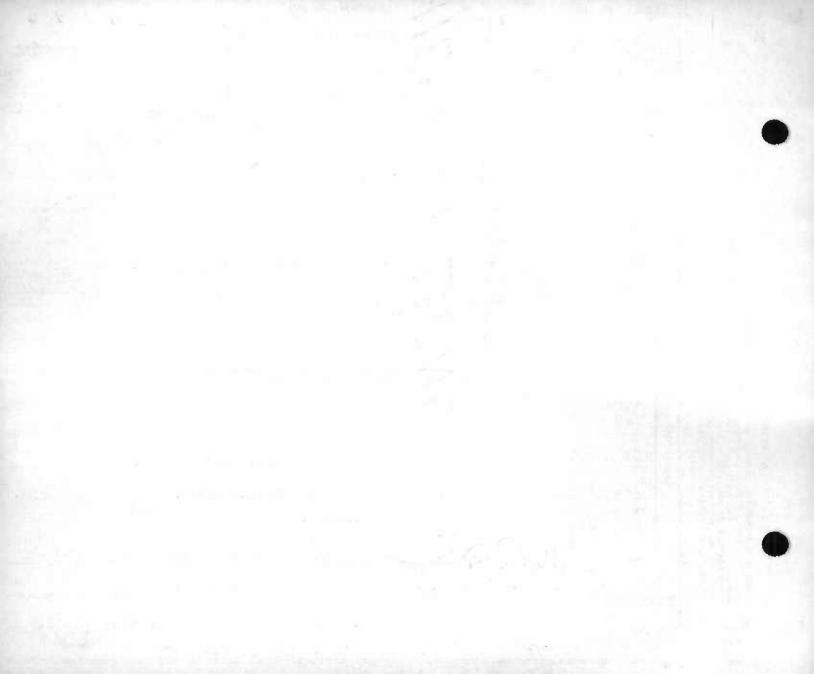
COUNTY, MD.

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6	1-	ems 19a FOR 3/3/8 STATE 3/3/8	Pla the dad	ru 22a	BLACK SA PER PER								
oy be poge 3 r deoth	1. DECE	ASED NAME	FIRST		WIDDLE	BLAC			2a. DATE OF DEATH			20.	
moy	3. SEX	MALE		RACE BI	LACK		OF BIRTH			~	IF UNDER 1 Y	EAR IF C	UNDER 24 HRS
		HPLACE (STATE OR	FOREIGN 7			MARR	ED . NEVER MARK	SIED 1		OR COUNTY	OF DEATH	4	AAF
s after by the institled with		OR TOWN OF DEA	ATH 1			URSING HOME	OR OTHER INSTITUT		12a. USUAL OCCUPA (TYPE OF WORK FOR MOST	TION OF WORKING LIFE			JSINESS OR
filled in could be formation	USUAL 130. ST. MAR	RESIDENCE (IF NURS ATE AND	136 COUNT	OTHER INSTITUTION	13c CITX O	E BEFORE ADMISSION	13d. INSIDE CITY LI		3e. STREET ADDRESS	2204	MT RO	JAYC	
ed within	14. FATE	James	M	IDDIE			FIRST				Pink	last nev	
be execut on and co	YES	S DECEASED EVER		VAR OR OATES)	166 SOCIA	L SECURITY NO.	17. INFORMANT			777	nada	Ave	e.
rtificate g physicic onpapers emaval.	11	PART I. DEATH W	H (Enter only AS CAUSED IMMEDIATE	BY:	r line far (a),	(b), and (c).)	nour				BETW		TAND DEATH
deoth ce attending ove corb		5070 Conditions, if any		DUE TO, O	R AS A CON	SEPTIME OF	Shock					11	
that the day the lease rem		gove rise to imr couse (a), statin underlying cause	nediote ig the last.	DUE TO, O	R AS A CON	SEQUENCE OF	ten Pne	um	ma		1	20	
NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours ottending physician. With this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled in and Mental Hygiene prior to burial, cremation, or removal. Or shows any injury, or other traumotic event, the medical examiner must be an orked at Hem 18 shows ony injury, or other traumotic event, the medical examiner must be an orked at Hem.		ART 2 OTHER SIGN	enal	Fai	lun								
The low ician. The has be not permit yellowed by the has be not permit yellow on the has	TIFIC	9/18/80			Hyp	6	uu		YES NO	IN CERTIFY YES	ING CAU	SES OF	DEATH?
PHYSICIAN: Ti ending physicia this certificate te buriol-transifiate the Memol Hygii d or Item 18 sh	CAL	TO ACCIDENT WAS UNI	CAUSE OF DEATH	HOUR A	Mont Mont	H DAY YEAR		Unkno		URY IN ITEM TB PA	RT 1 OR PART	2)	
DING PHYSICI or ottending p After this certi e as the buriol- olth and Memo morked ar Item	A	Id. INJURY OCCUR!	THE T	Unk:	nown	OFFICE, FARM, ETC.)		nknow			COUNTY		STATE
TEND of Heo of Heo		sow the deceose abave, (we) (we)	(this haspite ed alive on did) (did not)	DECEMB	ER 10	19 80 N		opinion de	, to DECEM	BER 10	and from	the caus	
TAL OR Property the Property of the Property o		76 SIGNATURE	my	Han		nD	PHYS	NDING SICIAN	MEDICAL ST.) 22c. D	Z/(2
O HOSPI mained b O FUNE MADUIT be MADUIT AN	1	H PHYSICIAN'S N.	Andi	15					RAVER	V.A.			
30/ BP	Bui		REMOVAL	12-16	-80	1	cemetery or cremand Nation		Laurel		COUNTY	M	
DHMH-16 30M 2/80 (VRA 15, 4)		ieral director own/Tho	mpsoi	n F.H.	1913	W. Bal	to. St.	DE DE	C1 5 1980	25b. REG	ALS SIG	NOW	may

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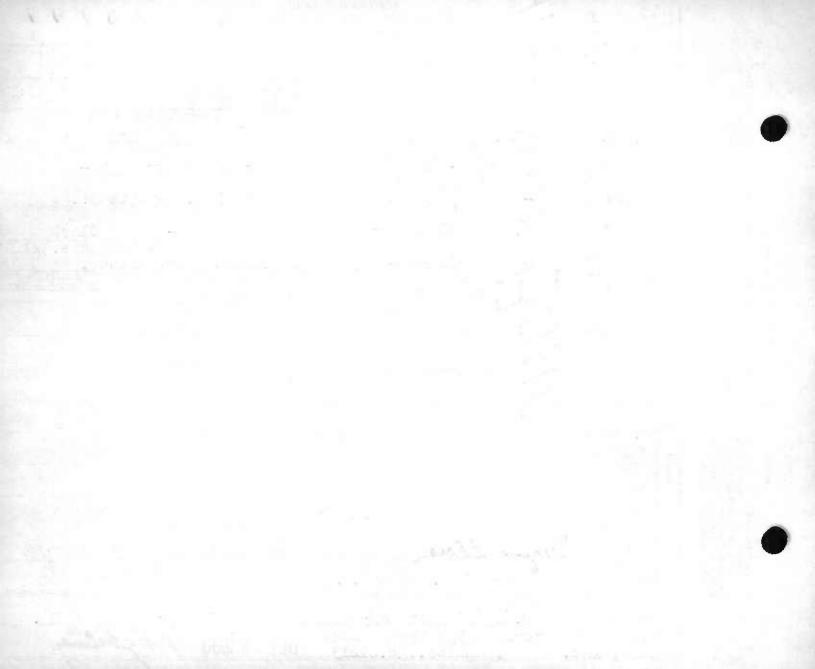




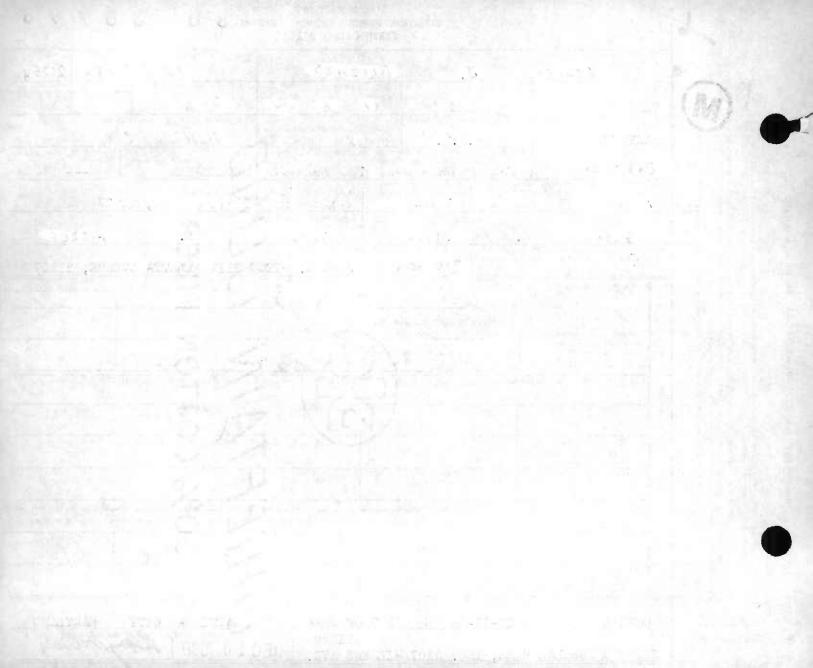
	1-	FOR STATE REGISTRAR	MARX	ß.		MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 0	3	0 7	9 6	
		CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH		YEAR	2b. HOUR	
			MARY	С			KOWSKI	DECEN	, ,	1980	12:40 R	
38	3. SE	x FEMALE		4 RACE WHITE		5. DATE O		6 AGE (IN YEARS LAST BE	YRS.	THS DATS	IF UNDER 24 HRS HOURS MIN.	
07		RTHPLACE (ST	ATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
1/		POLAND		U.S.A		WIDOWE	DNORCED [BALTIMORE			MD.	
35	12	TY OR TOWN O		(IF NOT IN SUC	HOSPITAL, NURSING HOSPITAL	ADDRESS)	ORATION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEW IF'E	OF WORKING LIFE)	12b. KIND O INDUSTRY	PF BUSINESS OR	
35	130. S	RYLAND	IF NURSING HOME O	r other institution NTY	GIVE RESIDENCE BEFOR 136. CITY OR TOW BALTIMO	N	13d. INSIDE CITY LIMITS? YES X NO	130. STREET ADDRESS 419 S. ANN	STREET	@1@	31	
	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	ī	
000		MICHAEI			CIERPI		ANASTASIA			WANDO	WSKA	
1		AS DECEASED	EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDR				
		NO			217-07-5	377	MRS.CATHERIN	E PENCZEK,4	19 S. A			
		18 CAUSE OF PART I. DEA	TH WAS CAUSE	nly one couse per ED BY: .TE CAUSE (o)	r line for (a), (b), an	d CA	RDIAG ARREST	F		BETWEEN	MATE INTERVAL ONSET AND DEATH	
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF ACUTE MYOCARDIAL INSARCTION ACCUSE HYO CALCUA THE CONSEQUENCE OF CONSEQUE										
	NO.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 HYPERTENSION, NEPHROSCLEROSIS										
2	CERTIFICATION	19a DATE OF O		196. CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO[X] YES NO [NO [NO [NO [NO [NO [NO [NO [NO [NO				
9			AS UNDERLYING COURSE OF DE	AIR	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	1 OR PART 2)		
	MEDICAL	WHILE AT WORK	CURRED	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
		22a I certify that (I) (this hospital percentage of the decayed from Sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death.										
		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12.22.87										
	b.V		OORF		+WAJ	A	100 N. BROA	H HOSPITAL DWAY, BALTI	MORE, M	D 21	231	
		URIAL, CREMA' SPECIFY) BURTAL	ion, removal				EMETERY OR CREMATORY ISLAUS CEMETE	23d. LOCATION	c	OUNTY	STATE	
	24 FL	NERAL DIRECT			8 EASTERN		250. DAT	C 23 1980			Cready	

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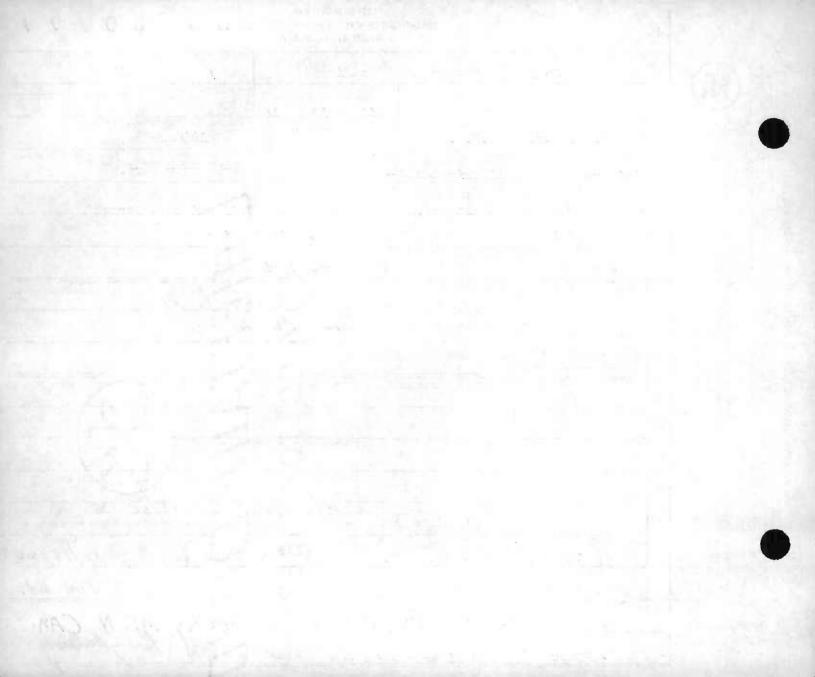
-1,	FOR		DEPARTMENT OF HEALTH AND MENTAL HYGIENS 0 3 0 7 9 7								
1,	STATE REGISTRAR	1	MEDICAL EXAM				REG. N	0.			
	DECEASED NAME	FIRST	MIDDLE		LAST	2a. DATE	KNOWN [HTMOM	DAY YEAR	2b. HOUR	
	(TYPE OR PRINT)	lliam	Albert	Blei	inberger	OF DEATH	ESTI-	12	25 19 80		
3.	SEX 4. RACE		RTH 6. AGE (III	N YEARS IF UN	DER LYR TIETINDER	24 HRS. 2c. DA1	E	MONTH	DAY YEAR	12: 22	
	Male Wh:		-/	THDAY) MONTH	S DAYS HOURS	MIN. PRONOL		12	26 19 80	P M	
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		F WHAT COUNTRY?	18	ED NEVER MARR	9. BALTI	MORE CITY	OR COUNT	TY OF DEATH		
1	Marvland	USA		WIDOW		3.5	Balti	more	City,	MD	
10	CITY OF TOWN OF DEAT	H II. NAME OF	HOSPITAL, NURSING HO	ME, OR OTHE	ER INSTITUTION	12a. USUAL OCC		E OF WORK	126 KIND OF BU	USINESS	
0	Baltimore		1 E. Fayett		et	Pile D	river		- OK 114D031	IKT	
1130	SUAL RESIDENCE (IF IN NURS	SING HOME OR OTHER INSTITUTION 3b. COUNTY	13c CITY OR TOW	N I	13d. INSIDE CITY LIMITS?	13e. STREET ADDI	RESS				
-	Maryland	-	Baltimo	re	YES 🔀 NO 🗌	12.10 = =	. Fay	ette	St.		
200	Albert	MIDDLE	D7 - LAST		15. MOTHER'S MAIDE		MIDDLE		LAST		
11/	ALDETU	F.	Bleinbe		Marie 17. INFORMANT		— MO#DECC	O - 2	Clark		
1	(YES, NO, OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)							d Ave.	2121	
-	No	-	219-26-	3933	Marie B	Leinber	ger, 1	noth			
		(Enter anly one cause per S CAUSED BY:							APPROXIMAT BETWEEN ONSE	E INTERVAL	
	5211	PART I DEATH WAS CAUSED BY: Esophagitis with massive hemorrhage Description Desc									
	Conditions, if ar		, OR AS A CONSEQUEN	CE OF							
-	gave rise to i	mmediote (b)_	00.45.4.00.450.00.00								
	lying couse last.	ne under-	, OR AS A CONSEQUENC	CE OF					100		
	BART & GYNER CICHIFICANY	(c)									
;		CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE T	FERMINAL DISEASE	OR CONDITION GIVEN IN PA	IRT I ia .					
- 1	190. DATE OF OPERAT	ION 196 CO	NDITION FOR WHICH O	PERATION W	AS PERFORMED?				20. AUTOPSY	2	
1	2	./4 00									
7	21a. EXTERNAL CAUSI		E OF INJURY	21c HO	W INJURY OCCURRE	D LENTER NATURE OF	NJURY IN ITEM 18	PART I OR PAI	YES YES	NO []	
1	UNDERLYING OCONTRIBUTING		A.M. MONTH DAY Y	EAR	JOHN OCCORNE	, since of		Con PAI	/		
	UNDERLYING OCONTRIBUTING C. 21d. INJURY OCCURRI		P.M. 19 CE OF INJURY (AT HOME	21f 100	ATION						
	WHILE NOT V		, FACTORY, FARM, ETC.)		REET	CITY OR T	OWN	COL	UNTY	STATE	
	AT WORK AT WO	ORK -						-			
Í	22a I certify that I t	aok charge of the remain	s described above, held o	n Autops	y 🗶 , Inspectia	n . Inquir	y Ll, _ar	nd in my op	omian		
	death resulted fram:	Notural couses 🗶	Accident ,	Suicide .	Homicide	Undetermined r	nonner				
	ACTUAL	11.	Y D.1.		TITLE (SPECIFY)			D 175	10/0-	100	
-	SIGNATURE	orgenia.	Locan	M.	Assistant	MEDICAL EXA	MINER	DATE	12/27	/80	
7	EXAMINER'S NAME	Vinci	nia I Dola	n M D		11	ll Penn	Stre	oot		
1	(TYPE OR PRINT)		nia L. Dola				LI LUIII.	DULC			
23	G.BURIAL, CREMATION, RE	MOVAL 236. DATE	23c. NAME OF	CEMETERY OF	RCREMATORY	23d. LOCATION CITY OR TOWN		COUN		TATE	
	Burial	12/29	/80 Most H	oly R	edeemer	Balt	imore	10 FB + D/C =	M	d.	
24	Schimunek	Funeral			חרח	P A 1000	AR 756 G	ISTRAR'S	IGNATURE.		
	Home, Inc		Balto. Mc	1.2121	3 DEC	3 0 1980	horale	7	-000		
11						2.1	-		1 1		



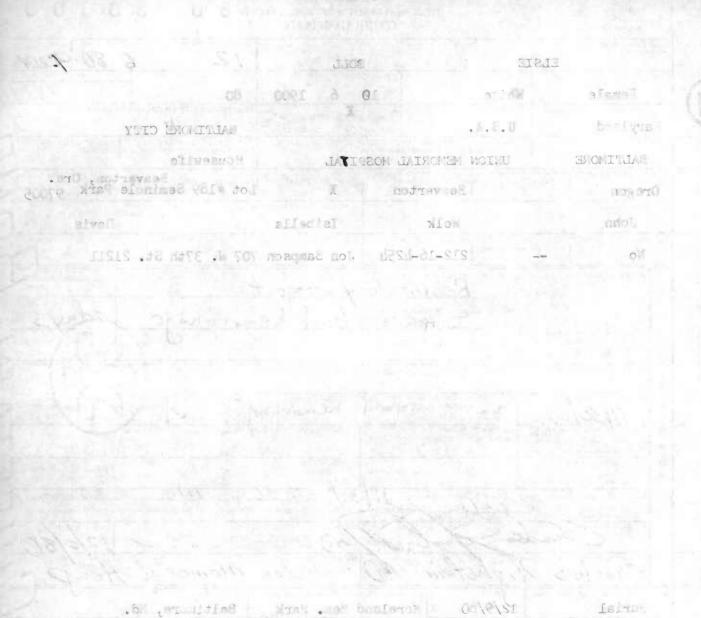
1	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 3-0 / 9 CERTIFICATE OF DEATH									98
	1. DE	REGISTRAR DE ASED NAME	FIRST		MIDDLE		AST DE	AIII	REG. NO.	DAY YEAR	2b HOUR
be 3	(TYPE	OR PRINT)	OUISE		J.	BLIZ	ARD .		12/	9/80	2:25 AN
	3. SE			RACE		5. DATE C	F BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Poge 4	F	EMALE			ITE	01	06	44	36 YRS.		
å V		RTHPLACE (STATE OR FO	OREIGN 76	CITIZEN OF	WHAT COUNTRY	Y? 8. MARRIEI	NEVER MA	RRIED -	9. BALTIMORE CITY OR COUNT	Y OF DEATH	
deot hin 7		ARYLAND		U	.S.A.	WIDOWE		ORCED [Bultimany	City	MI OF BUSINESS OR
rs offer by the f filed wit	1.	3altimore	/	SOUTH		MORE (EN HOSI		(TYPE OF WORK FOR MOST OF WORKING HOMEMAKER	LIFE) INDUSTRY	IF BUSINESS OR
24 hour suld be must be	13a. S	AL RESIDENCE (IF NURSI TATE ARYLAND	136 COUNT BALTI	Υ	13c. CITY OR TO	NW	13d. INSIDE CIT	Y LIMITS?	3125 FREEWAY,	21227	
thin thin 2 sh		THER'S NAME			EAST		15. MOTHER'S		WE	LAS	
w page on some of some of w		GLEN		DDLE	DITCH	1	WA	ĄV	L.	PIEF	CE
+ 0		VAS DECEASED EVER		ED FORCES?	16b SOCIAL SE	CURITY NO.	17. INFORMAN		ADDRESS		
n ond or Poges		NO	(# 123, 5112	WAR OR DATES)	215-40-	-8721	JEAN E	. DITC	CH 2111 ALLETTA		21227
rtificate k physicia onpopers emavol.		18. CAUSE OF DEATH (Enter only one couse per line for ip), (b), and (1) PARTI, DEATH WAS CAUSED BY:							1	BETWEEN	MATE INTERVAL ONSET AND DEATH
ng phy bon po rema		IMMEDIATE CAUSE (0) Congrapulmonas									
nding carb , or r	1/2	1629 DUE TO, OR AS A CONSEQUENCE OF									
attend nove ca ation, o		Conditions, if ony, which gove rise to immediate (b) / Land C (b)									
equires that the death ce isigned by the attendin Then please remove carb to burial, cremation, or injury, ar ather traumatic	1	couse (a), stating underlying couse	g the	DUE TO, O	R AS A GONSEC	Total	Conta	man	ne of breasi	1	
signed b nen pleas o buriol, jury, ar o		PART 2. OTHER SIGN	VIEICANT CO	ONDITIONS C	ONTRIBUTING T	O DEATH BUT	NOT RELATED T	O THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 1	0)
sign Then to be	Z	77.11 2. 011.21. 310.1									
do la	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. COND	ITION FOR WHI	CH OPERATIO	N WAS PERFOR	MED		ES, WERE FINDI	
has has	TIF					- XX			YES NO NO	YES 🗌	NO 🗌
ding physicio is certificate buriol-transit Mental Hygie ar Item 18 sho		OR CONTRIBUTING		216. TIME C		DAY YEAR	21c. HOW INJ	JRY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2)	
PHYSICIAN: ending phys this certifico te buriol-trai od Mentol Hy d ar Item 18	MEDICAL	LIF EITHER, NOTIFY MEDIC	CALEXAMINER)	P.	M	19					
this this of M	VED	214 INJURY OCCURR			OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC)	21f. LOCATION	1	CITY OR TOWN	COUNTY	STATE
or often or often se os the ealth ond marked	`	AT WORK AT WOR	RK L					0.	0/6	10 80	
OR: After Ose os Health is mar		22a.1 certify that (1)		ottended th	e eceosed from	80	alkhas in (mu) (, 19 10 C	death accurred on he date and he		that (I) (we) las
ATTEN Sepital SCTOR: d for us		saw the decease above, (1) (we) (c	did) (did not)	view the body	ofter death.		DEGREE	sor, opinion	deom occorred on the dote one the		SIGNED
O HOSPITAL OR A setained by the hospital DIREC should be detoched with the State Dept.		22b. SIGNATURE		there	u though	4	AT PI	TENDING HYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12/	3/80
HOSPITAL med by the FUNERAL wild be detected in the Stote or other		22d. PHYSICIAN'S NA	AME ITYPE OR	PRINT		P. L.	22e ADDRESS	0,	ncu		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ro Hosp retained 1 TO FUNE shauld be with the 1		2160	にト	MACE				71)b(1		
7 5 5 1 2 × ₹	23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE	23		EMETERY OR CI		23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP		BURIAL		12-11	-80	LOUI	OON PARK		BALTIMORE CIT		RYLAND
DHMH-16 30M 2/80		UNERAL DIRECTOR			ADDRES		21229		te rec'd. by registrar 25b. red C 1 0 1980		Crooks
(VRA 15, 4)	H	UBBARD FUN	ERAL I	HOME, I	NC. 410	7 WILKI	ENS AVE.	DE	O T O 1300	-	



	1.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	ND MENTAL HYGIENE 8 0 3 0 7 9 9 OF DEATH REG. NO.					
1		CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH	HINOM			HOUR	
(10.00)			John		asper		ddie		12		80	М	
(III)	3 SE	s sex Male					DE BIRTH DAY YEAR 1.3 1.6	6 AGE FIN YEARS LAST BE	RTHDAY)			FUNDER 24 HRS	
10 m	C	RTHPLACE (STATE OR F OUNTRY) CKY Mt. N.		76 CITIZEN OF WHAT COUNTRY $U.S.A$.		RY? 8 MARRIE	D NEVER MARRIED C	Baltimore City or County of DEATH				MD	
100		TY OR TOWN OF DE	ATH	(IF NOT IN SUC	HOSPITAL, NUI THEACILITY, GIVE ST righton	REET ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Wayhuesye	TION of working r Cor	p. 12b. K		BUSINESSOR	
enery filled in 12 should be to	130 S	AL RESIDENCE (IF NUR STATE TUTANA THERS NAME FIRST	136 COUR	OTHER INSTITUTION		EFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO D 15 MOTHER'S MAIDEN N FIRST	3031 Brigh		Street	LAST		
			ldie					Jenkins ADDI					
- Pages		VAS DECEASED EVER YES, NO OR UNKNOWN) YES		MED FORCES? E WAR OR DATES)	246 14		Mrs. Glori		أأسه				
joines may the death cert signed by the ottending ten please remove corbox o burial, cremation, ar rec jury, ar other traumatic ex	Z		which mediate ng the lost	DUE TO, O	r as a conse r as a conse	OUENCE OF	NOT RELATED TO THE TEL	MINAL DISEASE OR CO	NDITION (GIVEN IN PA	ART 1to		
hos been permit. T	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDITION FOR WHICH OPERAT			RATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES NO YES YES					NGS USED OF DEATH?	
ading physicion is certificate has certificate has buriol-transit I Mentol Hygies or Item 18 sho	MEDICAL CERT	210 ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 210 IN JURY OCCUR	CAUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR	ZII LOCATION	JRRED (ENTER NATURE OF IN.	URY IN ITEM I	8, PART I OR PA	ART 2)	<u> </u>	
After the e os the olth and morked o	WE	WHILE NOT WAT WORK 220.1 certify that (I			REET, FACTORY, OFF		STREET 10 7	CITY OR TO	J /	10 82	2)	STATE	
the hospital AL DIRECTOR: efoched for us te Dept. of He D: If them 21 is:		sow the decess	ed alive on	4	8/1/1	9 50.00	no that is (my) (our) apinio DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF	naur and fro	, 1110	uses stated	
retained by TO FUNERA should be de with the Stot		226. PHYSICIAN'S N	1Vi	CONE	=R, N	n.D.	370/ Le.	berty Ht,	he,	Baly	lune	md.	
BP	· '	BURIAL, CREMATION SPECIFY) Burial	, REMOVAL	1236 DATE	9/80 1	BODP	EMETERY OR CREMATOR	23d DEATON	M	T. N.	C	AR	
I - 16 50M 1/76 R A 15 (4))		INERAL DIRECTOR	1++	1600	ADDRESS		DF	- 4 F 4000V	per	Mys	reco.	andy .	

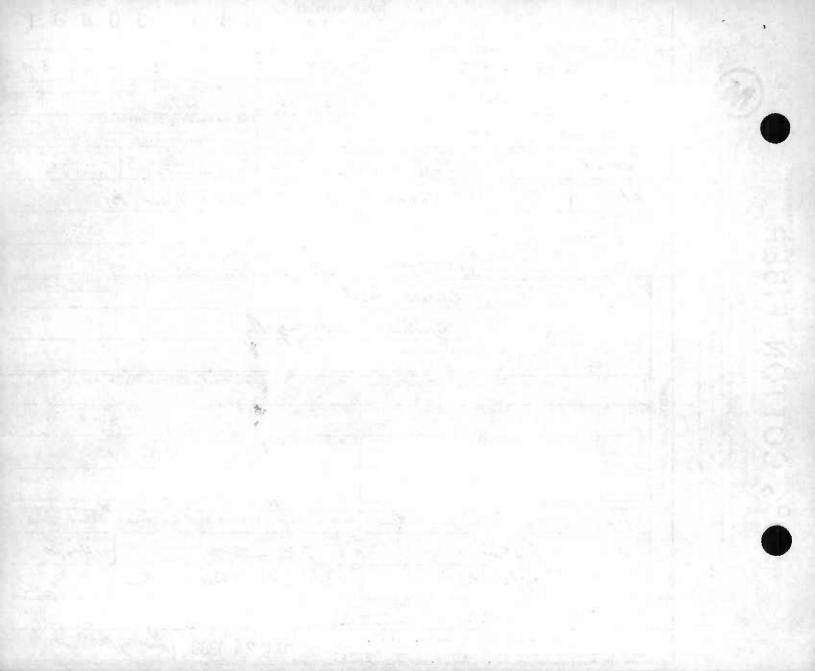


CTATE			DEPARTM		OF MARYLAND EALTH AND MENTAL HY	GIENE &	0 3	8 0 8	0
- STATE REGISTRA	AR		JEI ARTII		CATE OF DEATH	OILINE O			
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(TYPE OR PRINT)	ELS	700	•/			17	DEMM!	1 81	2
B. SEX	PIS.	4. RACE	Y.	5. DATE O	FOLL	A AGE UNIVE	ARS LAST BIRTHDAY)	IF UNDER LYEAR	TE LINDER
	-1-			MONTH	DAY YEAR		CARS LAST BIRTHDAT)	MONTHS DAYS	HOURS
Fem		White		10	6 1900	80	YR		
COUNTRY	(STATE OR FOREIGN		WHAT COUNTRY?	MARRIED	NEVER MARRIED	9. BALTIMO	RE CITY <u>OR</u> COUN	NTY OF DEATH	
Maryla		U.S.A.		WIDOWE	D DIVORCED		THORE CI	TY	
BALAT		(IF NOT IN SUCH	MEMORIAL MEMORIAL	ADDRESS)	ROTHER INSTITUTION	TYPE OF WORK	OCCUPATION FOR MOST OF WORKIN ewife	G LIFE) 126. KIND	OF BUSINES
13a. STATE	ICE (IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	134 INSIDE CITY LIMITS?		Semin	verton,	Ore.
Oregon			Beaverto)[1	YES 🔼 NO		oy semin	ole Park	9700
FATHER'S NA		MIDDLE	Welk		15. MOTHER'S MAIDEN N Isibella	AME	WIDDLE	Davi	AST 3
60 WAS DECEA	SED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		
YES NO OR UN	(IF YES, GIV	E WAR OR DATES)	212-16-4	254	Jon Sampson	707 W.	37th St.	21211	
gove ris	ns, if ony, which se to immediate o), stating the ng couse lost.	(b) DUE TO, OR	TATEGO AS A CONSEQUE	NCE OF	ebral he	emetr	hage	89	ays
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gove ris couse (i underlyin	in to immediate of states of the states of t	CONDITIONS CO	ION FOR WHICH	NCE OF	n was performed hemorho	200 AUTO	PSY? 20b. IF	YES, WERE FIND RTIFYING CAUSE YES	INGS USED
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A. Alan Seitz, Jr. Sunegal Home Solf Roland Ave.

STATE OF MARYLAND



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Y, PLEAS INRECTOI UR FILE 22 HOUR N STREE	3. SE	0.4	RACE White	5. DATE OF BIRTH	YEAR 89	6. AGE (IN YEARS	IF UN	DER 1 YR.	IF UNDER		C DATE RONOUNC DEAD		MONTH	DAY	9 80 YEAR	2d. HOUR 9:20
ECESSAR NERAL D FOR YO WITHIN 7	7g. B	IRTHPLACE (STATOREIGN COUNTRY) Europe		76. CITIZEN OF WI	HAT COUN	TRY? 8	MARRIE	ED X NE	VER MARRI	ED 📙	BALTIMO	RE CITY OF	-		ATH	L p M
TO DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. DBE FILED, WITHIN 72 HOURS RDS, 201 W. PRESTON STREET,		ITY OR TOWN OF	DEATH	11. NAME OF HOS	PITAL, NUR	REET ADDRESS)		ER INSTITU		120 USUA	Balti AL OCCUPA OST OF WORK ler-M	ATION (TYPE O	CITY OF WORK	OR I	KIND OF BUSINESS OR INDUSTRY	
21201 F ANY DEI AND 3 TO RETAIN HOULD BE RECORDS	13a. S	AL RESIDENCE (# STATE Maryland	13b. COUN	OR OTHER INSTITUTION, GI	13c CITY	altimore 13d. INSIDE (YES		13d. INSIDE (NÓ 🗆	- C10 - //FD		reet 21224		24		
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L RECORDS, 201 W. PRESTON ST., ULD BE EXECUTED WITHIN 24 HOUR "PENDING" IN PENCIL IN ITEM 18. FF MEDICAL EXAMINER ALONG W. ED AS A BURIAL-TRANSIT PREMIT. HEALTH AND MENTAL HYGIENE, D. H. CREMATION, OR REMOVAL.	N	gave rise cause (a) st lying cause	if any, which to immediate ating the under- last.	DUE TO, OR	AS A CON	SEQUENCE OF										
F VITAL RECORI E SHOULD BE EN WORD "PENDIN IE CHIEF MEDIC ENT OF HEALTH, BUTTOF HEALTH,	CERTIFICATION	19a. DATE OF O	PERATION	19b. CONDI	TION FOR V	WHICH OPERA	TION W	AS PERFOR	MED?	Á.	- 4			20 AUTOPSY?		ио 🕡
\$ 0 7 0		CONTRIBUTING	OR CAUSE OF E	DEATH P.M	MONTH	DAY YEAR			OCCURRE	D (ENTER NA	ATURE OF INJU	RY IN ITEM 18 PA	ART I OR PAR			
DIVISIC THIS CERTIING WRITING PAGE 3 SH TATE DEPA 21201 PRIC	MEDICAL	WHILE AT WORK	CURRED NOT WHILE AT WORK	21e PLACE (STREET, FAC	OF INJURY TORY, FARM, ET	(AT HOME		TREET			CITY OR TOW	N	COL	JNTY		STATE
DIVISION OF TO MEDICAL EXAMINER: THIS CERTIFICATE EXECUTE THE CERTIFICATE, WRITING THE W PAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PACE 3 SHOULD AFTER DEATH, WITH THE STATE DEPARTMEN BALLIMORE, MARYLAND, 21201 PRIOR TO	230 8	22a. I certify that I took charge of the remains described above, held an death resulted fram: Nasaral causes XX, and the suited Andrew Control of the suited And										D	2/10			
BP	(Burial UNERAL DIRECTO		12/13/80		Oak La			ry	CITYO	A Ltin		TRAR'S S		y lan	ď
DHMH - 17 (VR A15 ME (5)) 15M 2/80		Walter	Dabrows	ki 1005	Dund	lalk Ave	enue		DEC	151	980	Brake	Park /	re R	1	

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2	١,	FOR		DEPARTM		E OF MARYLAND EALTH AND MENTA	L HYGIENE 8	0	3 () 8	0 3
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4 moy	3. SE	× M	4 RACE		5. DATE C			N YEARS LAST BIRTHDA	MONT	DER I YEAR	IF UNDER 24 HRS
e cml	7 0	, I A I E	BLY			4-27-190			YRS.		
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5 ofter of by the filled with		ALTMORE		CH FACILITY, GIVE STREET		OR OTHER INSTITUTION		LOCCUPATION ORK FOR MOST OF WO	ORKING LIFE)	N. KIND OF NDUSTRY	BUSINESS OR
AND 212	13a. S	AL RESIDENCE (IF MURSING HOME O STATE 136 COU	R OTHER INSTITUTION NTY	131. CITY OR TOWN	4	134 INSIDE CITY LIMI		TADDRESS	01140	n Ac	e.
E, MARYLL	14. FA	THER'S NAME FIRST GEORGE	MIDDLE	Bonner		15. MOTHER'S MAIDE		WIDDLE	11	hEAd	
MORE,		VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166. SOCIAL SECUI	RITY NO.	17. INFORMANT	-	ADDRESS	1 0		
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T., BAL. physicia movol. vent, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per	line for (a), (b), and	(c).)					APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
v ST., BAL certificate ng physici ban poper r removol.		IMMEDIA	TE CAUSE (a)	'ardia c	al.	lest					
deoth ce deoth control of tendin over corbition, or roumatic		2762		R AS A CONSEQUE							
RES e de move trou		Conditions, if any, which gove rise to immediate	(b)	acidori	2		-				
that the that the day the ease re all, crean or other protections.		cause (a), stating the underlying cause last.		R AS A CONSEQUE	NCE OF						
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AL RECOR	CERTIFICATION	19a DATE OF OPERATION		TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU	TOPSY? 20	DE IF YES, WE	RE FINDING	GS USED OF DEATH?
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ON OF VI		OR CONTRIBUTING CAUSE OF DE		M. MONTH DA M.	Y YEAR						
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O O S S S S S		22a I certify that (I) (this hosp	ital) attended th	e deceased from _	ec :	25 , 19_	80 , to	Dec 7	7 190	G ,	hot (I) (lost
R ATTEN hospital IRECTOR hed for u		saw the deceased alive on obove, (I) (we) (did) (did no	at) view the body	after death.	, ar	ed that in (my) (aur) ap	oinian death accur	red on the date	ond hour and	fram the c	auses stated
OR A DIRECTOR DIRECTOR DEPT.		22b. SIGNATURE	on M	0		DEGREE ATTENDI	ING MEDICA	L STAFF		22c DATES	IGNED
		W. 01. 05	J. J			PHYSICI	IAN DIRECTO	R PHYSICIAN		12/22	180
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DHMH-16 30M 2/80 (VRA 15, 4)		NAME)	349 0	A CORESS	H		-	180	4/24/	Ach	poly .

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	1.04	REGISTRAR CEASED NAME FIRST		MIDDLE	LA	CATE OF D		REG. I		PAY YEAR	I26. HOUR
n e		LOU]	rc		BONNEV		SR.	ZE DATE OF DEATH	17/9	1/80	1
Deed o	136		I RACE	J.	5. DATE OF		DK.	6. AGE (IN YEARS LAST &	RTHDAY)	UNDER I YEAR	IF UNDER 24 HRS
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(IMI)	7a. B	IRTHPLACE (STATE OR FOREIGN		F WHAT COUNTRY	2 8			9 BALTIMORE CITY		OF DEATH	
72 72		MARYLAND	U.S	S.A.	WIDOWED	NEVER A	VORCED	BALTI	MORE CI	TY	
9	10 C	ITY OR TOWN OF DEATH	11, NAME OF	HOSPITAL, NURSI	NG HOME OF			12a USUAL OCCUPA			OF BUSINESS O
3/		BALTIMORE		IMORE CI		PITAL		MACHINE		, , , , , , , , , , , , , , , , , , , ,	INGHOUS
ile m	USU 13a	AL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTIO	H, GIVE RESIDENCE BEFO	RE ADMISSION)	13d INSIDE C	ITY LIMITS?	130. STREET ADDRESS	TOR		
=55	100	10	LTIMORE	CATONS		YES [NO 🔯	46 GLENWO		NUE, 2	1228
exa	14. F/	ATHER'S NAME FIRST	WIDDLE	LAST			MAIDEN NA	ME		- LA	57
Octoo Octoo		WALTER	MIDDEC	BONNEVI	LLE		ARY	Mobile	В	ONNEVI	
a me		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMA	NT	ADD	RESS		
the the		NO		214-03	- 7028	HOWAR	RD L. M	UHL, JR. 9	08 FRED	ERICK	ROAD,
event,		IL CAUSE OF DEATH (Enter	anly ane couse p	er line far (a), (b), a	nd (c).)		^			APPROX BETWEEN	ONSET AND DEATH
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cremation, rr other tra		Conditions, if any, which	((b)_	Stap	hyles	occal	tn	cumonia			
other		gave rise to immediate cause (a), stating the	}		0						
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burial, njury, o	z		(lc)_	320	deg		TO THE TERM	Bur IINAL DISEASE OR CO	MDITION GIVE	EN IN PART 1	a)
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Health and Mental Hygiene prior to burial, 21 is marked or Item 18 shows any injury, or		UNDERLYING COUSE TOST PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IF EITHER, NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that (I) (this he saw the deceased alive	196 CONI	OF INJURY A.M. MONTH E OF INJURY THE HACTORY, OFFICE. The deceased from.	DEATH BUTTH OPERATION DAY YEAR 26/80 ,FARM, ETC)	WAS PERFO	hou hou nenwood	20g AUTOPSY? YES NO RED ENTER NATURE OF IN	706 IF YES IN CERTIFY YES JURY IN ITEM 18, PA	COUNTY	NGS USED S OF DEATH? NO STATE
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DHMH-16 30M 2/80 (VRA 15, 4)

23a, BURIAL, CREMATION, REMOVAL

23b. DATE

236 NAME OF CEMETERY OR CREMATORY

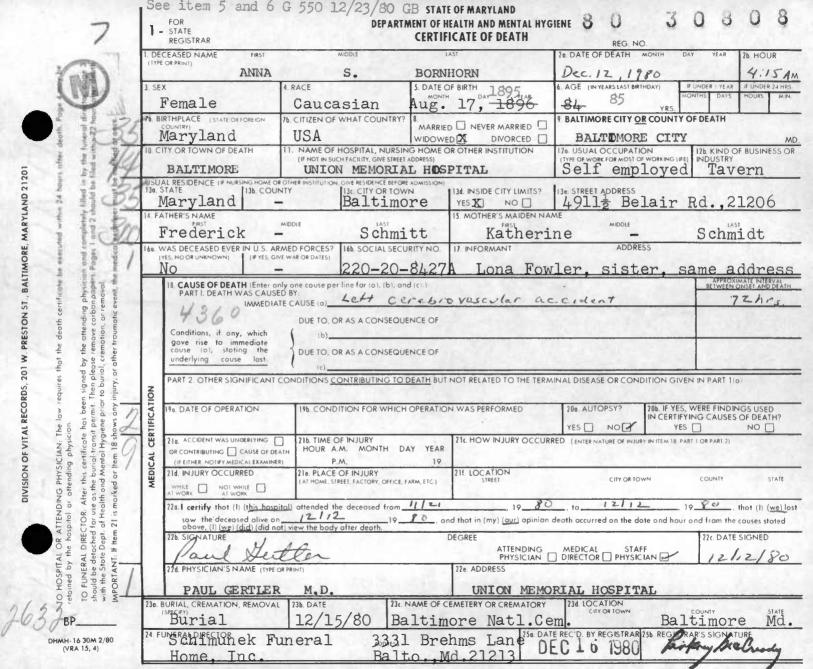
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¥ 5 3 <u>3</u>	23a. B	urial, cremation, res Specify) Burial		12/29		23c. NAME OF C	emetery or cremander Valley	ATORY	23d. LOCATION CITY OR TOWN	Cour	COUNTY	STATE Md.
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STATE OF MARYLAND

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THE RESIDENCE OF THE PARTY OF T The DE INSE DESCRIPTION OF THE PROPERTY OF JACINERUL DATIONEL DOTH

	1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	3 0	8	0 9
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55	C	IRTHPLACE STATE OR FOREIGHT OUNTRY) Kentucky	1. S.A.	VHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O Baltimo	rcounty of DE re City	ATH	MD.
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35	130 5	Maryland Bal	OTHER INSTITUTION, O	GIVE RESIDENCE BEFORE 13, CIJY OR TOW Dundalk	ADMISSION)	136 INSIDE CITY LIMITS?	13e STREET ADDRESS 7609 Merri	Dundal tt Point		
30	14 FA	Samue1	MIDDLE	Raike		is mother's maiden name Elizabe	th		Laud	er
2 Sedical	16s V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) NO	MED FORCES? WAR OR DATES)	294-14-2		James E. Bor	ADDRE	KNOWN		
s any injury, or other traumatic ev	CERTIFICATION	18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA. Conditions, if ony, which gove rise to immediate cause to storing the underlying cause lost PART 2 OTHER SIGNIFICANT COMPONENTS OF PART 2 OTHER SIGNIFICANT OF PART 2 OTHER	DUE TO, OR (b) DUE TO, OR (c) CONDITIONS CO	AS A CONSEOU	CE OF UNDEATH BUT	with recent	MI. SHOCK.	DITION GIVEN IN 20b. IF YES, WERI	E FINDIN	IGS USED
Z spom	ERTIF	210. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY		21c. HOW INJURY OCCURR	YES NO	YES 🗌		NO 🗌
1 gen 18	MEDICAL (OR CONTRIBUTING TO CAUSE OF DEA	HOUR A.M	n. month da n,	Y YEAR					
kedor	MED	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C (AT HOME, STRE	OF INJURY ET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	IN COL	YTAL	STATE
f: If Item 21 is mor		270. I certify that (I) (this haspi sow the deceased alive on above, (I) (we) (did) (did no 27b. SIGNATORE	121/	6 19		nd that in (my) (our) apinion of	deoth occurred on the do	F 1 - 27	rom the c	
MPORTAN		228. PHYSICIAN'S NAME (TYPE O	V-/.	ROCSTO		MORTH CHA	RLES GENE		6591	TAL
2	(BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 12/20/	T	d1ema	EMETERY OR CREMATORY In Cemetery	23d LOCATION CITY OR TOWN Scherr	COUNT	W.	Virgini
5		uneral director ubbard Funeral	Home, Inc	. 4107° W		s Ave. DE	C1 9 1988	25b. REGISTRAR'S	SIGNATI	Bury

DHMH - 16 50M 1/76 (VR A 15 (4))

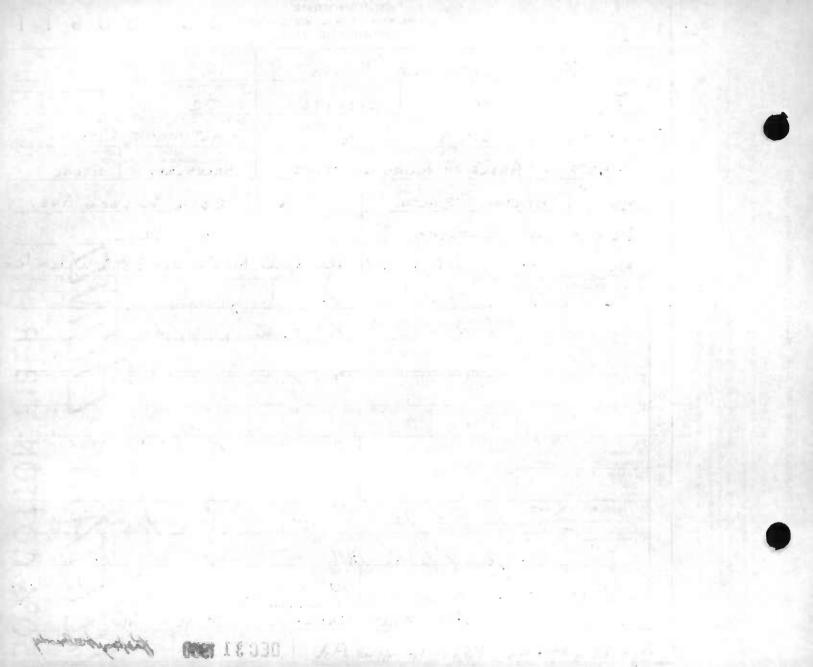
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



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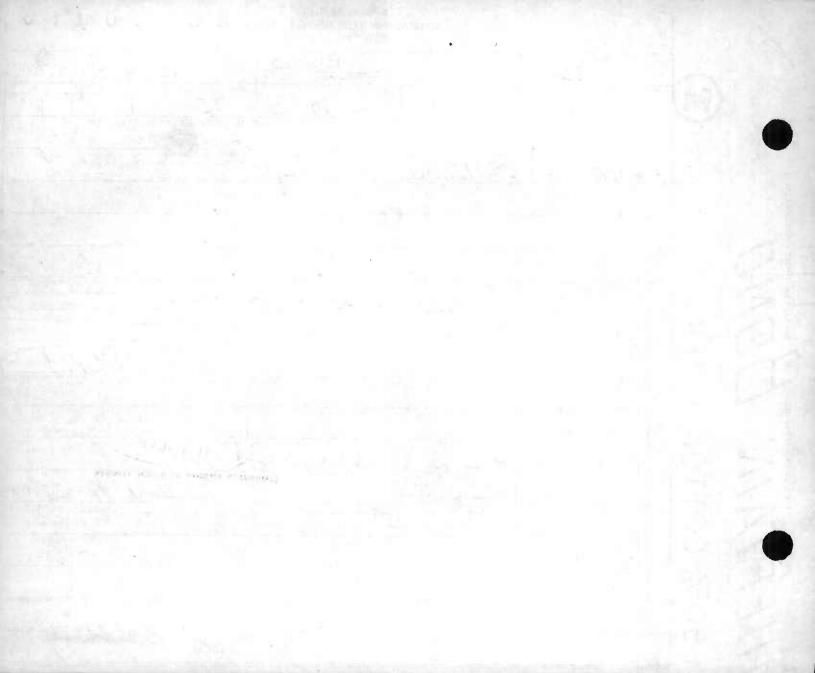
/ /	11	FOR - STATE	DEPARTA	ENT OF HEALTH AND MENTAL HYG	SIENE 8 0 3 0 8 1
		REGISTRAR ECEASED NAME FIRST EOR PRINT)	MIDDLE	CERTIFICATE OF DEATH	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 2b. HO
10		MAR.	Y CATHERINE	BOUGH	12-29-80
1	3. SE	F	4 RACE	S DATE OF BIRTH MONTH Q-1-1908	AGE (IN YEARS LAST BIRTHDAY) FUNDER LYEAR IF UNDER
575	10	ENNSYLVANIA	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH CITY -
) Indicated	10 0	BALTO.	ARDLEIGH		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUSIN (TYPE OF WORK FOR MOST OF WORKING LIFE) 17b. KIND OF BUSIN (TYPE OF WORK FOR MOST OF WORKING LIFE) SALESLADY STORE
must be	130	STATE 130 COU	NOTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 8802 WILSON AV
xominer	14 F	ATHER'S NAME PERRY M	MIDDLE	15. MOTHER'S MAIDEN NA	
Tedicol	160	WAS DECEASED EVER IN U.S. AF		RITY NO. 17 INFORMANT	M. Clark-8802 Wile
5 5		cause (a) stating the	DUE TO: OR AS A CONSEQUE	NCE OF	
vor to burial, cre ty injury, or othe	VIION	underlying cause last. PART 2: OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	<u>EATH</u> BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 1(a)
And any fellow	RTIFICATION	PART 2: OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	28s AUTOPSY? 18b. IF YES, WERE FINDINGS USE IN CERTSFYING CAUSES OF DEA YES NO
nor to by my injury.	ICAL CERTIFICATION	Underlying cause last. PART 2: OTHER SIGNIFICANT 19s. DATE OF OPERATION 21s. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF IN (IF ESTER, NOTEY MEDICAL EXAMINER	CONDITIONS CONTRIBUTING TO D 1% CONDITION FOR WHICH I	EATH BUT NOT RELATED TO THE TERM	28s. AUTOPSY? 18s. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA
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or Nem 18 shows any injury.	1.75	Underlying cause last. PART 2: OTHER SIGNIFICANT 19s. DATE OF OPERATION 21s. ACCIDENT WAS UNDERLYING [GR CONTRIBUTING [] CAUSE OF IN (IF STHER, NOTE? MEDICAL EXAMINES 21st INJURY OCCURRED AT WORK [] NOT WORK [] 27s.1 certify that (I) (this	21b. TIME OF INJURY HOUR A.M. MONTH DA 21c. PLACE OF INJURY (AT HOME, STREET, FACTORS, OFFICE FO	PEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED Y YEAR 19 211. HOW INJURY OCCURS THE STREET 19 19 19 19	28a AUTOPSY? 18b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO YES NO NO NO RED JEHTER NATURE OF PAURT OF THEM 18, PART L OR PART 3) CITY OF TOWN COUNTY 19 SO THAT (I)
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legit, of Health and Mentof Hygene prior to but hem 21 is marked or them 18 shows any injury,	1.75	Underlying cause last. PART 2: OTHER SIGNIFICANT 19s. DATE OF OPERATION 21s. ACCIDENT WAS UNDERLYING [OR CONTENUE THE [OR CONTENUE TH	IN CONDITIONS CONTRIBUTING TO D IN CONDITION FOR WHICH IT IN TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORS, OFFICE FOR THE PLACE OF INJURY) (AT HOME, STREET, FACTORS, OFFICE FOR THE PLACE OF INJURY) (AT HOME) offer death.	PEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 216 HOW INJURY OCCUR! 19 211 LOCATION STREET 19 DEGREE ATTENDING	26s. AUTOPSY? 10b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO YES NO NO RED JENTER NATURE OF PAULET OF ITEM 18, FART L OR PART 2) CITY OF TOWN COUNTY 10



25		- 1			STATE OF MARYLAND	
P	7		1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	0812
1	' las			CEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DA	YEAR 26. HOUR
(#	W7 11		(TYPE	ORPRINT) JOS	sie Millicent Boulay (2-11	80 6:42 Am
/	1		3 SE		4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS
	oge de la constante de la cons		F	EMALE	CAUC. March 12, 1893 87 YRS.	NTHS DAYS HOURS MIN.
	n 72 hg	35		RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED Baltimore CITY OR COUNTY C WIDOWED DIVORCED Baltimore CITY OR COUNTY C	F DEATH MD.
	win te d		10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) A (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR
5	by the filed in th			Baltimore	Mercy Hospital Homemaker	INDUSTRI
212			USU,	AL RESIDENCE (IF NURSING HOME C TATE 13b. COL	OR OTHER INSTITUTION GIVE RESIDENCE REFORMADMISSION)	Lambeth Rd.
LAND	24 hour filled in ould be	351		aryland	Baltimore YES X NO D F. Elitabeth	M. A.t. K102
YLA	thin sh sh			THER'S NAME	15. MOTHER'S MAIDEN NAME	with her
AAR	ond Sex	AK		FIRST	MIDDLE DATE FIRST MIDDLE	Zarandt
Ä,	2 0 - 0	- 13	16a V	AS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 20 C.	VIII ASSI
MOM	Poges medico	1	(ES, NOOR UNKNOWN) (IF YES, G		nestnut Ave.
E	0 % o	/	-			Md 21204 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
8	physici onpaper emaval.			PART I. DEATH WAS CAUS	only one couse per line for (a), (b), and (c)	BETWEEN ONSET AND DEATH
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PRESTON				2860	DUE TO, OR AS A CONSEQUENCE OF DEACH TO	
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ā. >	t the t			couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
2	thot d by leose iol, cre or oth			onderlying coose lost.	(c)	
5, 2	gne gn p bur	- 1	7	PART 2. OTHER SIGNIFICANT	T CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	IN PART 1(0)
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2	9 4 4 4	5	CA	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, IN CERTIFY!	VERE FINDINGS USED NG CAUSES OF DEATH?
AL R	In hos		TIF		YES NO YES	NO
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DIVISION	ending this come bury and Me		MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY 21f. LOCATION	COUNTY STATE
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۵	ADIN or or use os eoith				ipital) attended the deceased from 12/17 19 70 to 17/18 19	that (I) (we) lost
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	hospi hospi iRECT ihed for oept. o	- 1		obove, (I) (we) (did) (did r 22b. SIGNATURE	not) view the body diter death. DEGREE	22c DATE SIGNED
	0 0 0 20 -	- 1		ZZE. SIGNATURE	ATTENDING _ MEDICAL _ STAFF 1	12-18-80
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	5 5 5 7 3 ₹		23a. E	URIAL, CREMATION, REMOVA	AL 124 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	COUNTY STATE
20	/ BP			Buriel	12/20/80 New CAthedral BAltimore Co	
20	HMH-16 30M 2/80			INERAL DIRECTOR	25a. DATE REC'D. BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE
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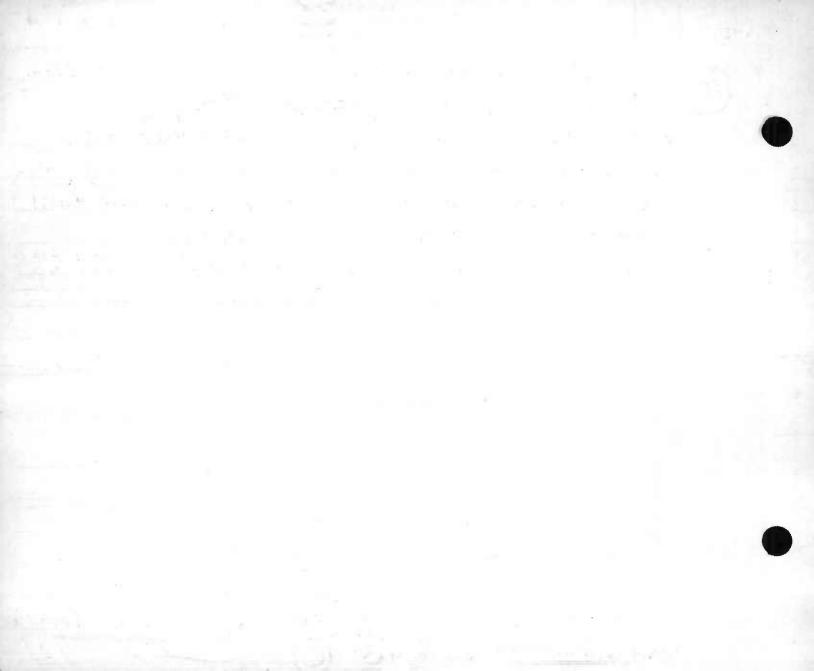
2	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 3 0 8 1 3
e in t	DOROTHY Trene LAST BOUNDS 20 DATE OF DEATH MONTH DAY YEAR 12 HOUR PM
Poge 4 moy	3. SEX Female 1 RACE 5. DATE OF BIRTH MONTH DAY YEAR 70 YRS 1 FÖNDER 1 YEAR MONTHS DAYS HOURS MIN.
deoth. Pe	70 BIRTHPLACE STATE OR FOREIGN COUNTRY) Salisbury, Md USA WIDOWED DIVORCED 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED ON THE COUNTY OF DEATH MARRIED NEVER MARRIED
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TLAND 21 hin 24 ho should be should be	Maryland Wicomico Fruitland YES NOTHER'S MAIDEN NAME 13 FOUNTY 13 CITY OR TOWN 15 MINSIDE CITY LIMITS? 13 STREET ADDRESS St. Lukes Road 15 MOTHER'S MAIDEN NAME
MARY ted with ted with ond 2 ond 2 exomin	Herbert Clarence Derby Mabel P. Hunt
be execu	166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (Sister) 1507 Laurel Dr. No 214-28-8453 Mrs. Edith D. Dashiell, Salisbury, Md
dures that the death certificate signed by the attending physisher please remove carbonpopt to burial, cremation, or removality, or other traumatic event, it	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). PART I, DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH CAN DO DUT ON A STAND DEATH BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH BOTTON CONDITIONS, if only, which gove rise to immediate couse (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
NG PHYSICIAN: The low requir partending physicion. After this certificate has been signs the buriol-tronsit permit. Then the and Mental Hygiene prior to be orked or Item 18 shows ony injury.	TO SEE THE STATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 206 YES NO 207
IVISION OF VITA TO PHYSICIAN: The ottending physicic physicic physicic physicic per the burnot-fronst and Mentol Hygic ked or Item 18 sho	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE COMPANDED AM. MONTH DAY YEAR AMONTH DAY AMONTH D
PIVISION RATTENDING Phospitol or atter the fed for use as the part of Health and tem 21 is marked	220.1 certify that (1) (this hospital) attended the deceased from 19 0, to 17 0, to 19 0, that (1) (ye) last sow the deceased alive on 19 0, and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated above. (1) (we) (did) (did not) view the body after death.
the horizon to the horizon to the popular to the po	226, SIGNATURE DEGREE ATTENDING MEDICAL STAFF 12, DATE SIGNED 12, 18, 180
TO HOSPITAL retoined by th TO FUNERAL should be det with the Stote	POBERT HOTCHKISS Johns Hopkins Hosp
	236 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE
BP DHMH - 16 50M 1/76 (VR A 15 (4))	Burial 12/12/80 Allen Cemetery Allen Wicomico Marylan PART HOLLOWAY FUNERAL HOME Calial



					STATE OF MARYLAND	et de sant	
- 6		1.	FOR STATE	DEPAR	RTMENT OF HEALTH AND MENTAL H	YGIENE & O 3	0 8 1 4
20		1. DE	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 25 HOUR
0 2 71			OR PRINT)			A	· · · · · · · · · · · · · · · · · · ·
noy and	10	3. SE	K.ennet	4 RACE	BOURNE, Sr.	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
de 4	ソ		Male	White	Oct. 27, 1898	82 yrs.	MONTHS DAYS HOURS MIN.
P. P.	30	ZorB	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8. MARRIED S NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
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BALTIMORE, MARYLAND 2120 cate be executed within 24 hours ysicion and campletely filled in by opers. Pages 1 and 2 should be fill wol.	15	13a. S	Maryland 136 COUN	TY 13c. CITY OR TO	more 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 5211 Tilbury	Way
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AM bed ample			James W.	B. Bourn		The light series in the series	Ripple
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NOFVII SICIAN: ng physic certifica urial-tran tental Hy	2	-	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		•
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00 4 9 0 8			22a t certify that (1)(this haspit	tal) attended the degeosed from	12/6 19	10-, ta 12/6	19_80, that (I) (we) lost
A ATTEN haspital RECTOR led for u			saw the deceased alive an obove, (i) we) (did) (did no	t) view the Kady after death	and that in (my) apinio	in death accurred an the date and ha	ur and fram the couses stated
			22b. SIGNATURE	The time day offer deom.	DEGREE		22c. DATE SIGNED
A H H H			RRHowston	mo	M. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Deramber 6, 1987
HOSPITAL ned by the FUNERAL uld be destructed the State of the State o			22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	22e. ADDRESS		7.1.9
TO HOSPIT retained by TO FUNER should be a should be a with the Strandon and the Strandon a	5		B R Housto	n.m.D.	Uma- m	ensocial Hosp	Rolling and med
TO 1 show		23a E	BURIAL, CREMATION, REMOVAL		L NAME OF CEMETERY OR CREMATOR		The state of the s
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(VRA 15, 4)			1905 York Roa	ADDRESS	IDE	C 8 1980	my Me Greaty

plant of the boundary of the same and the sa To a series A. Currio Control Series Lattienty Cick Balticore : - - inton emorial Hospital - -THE DILLOWS Paralle Estimana Lagranda Estimana de la Company de la Com United W. S. Bourns Contract C 1914 19 today fight. Kenneth A. Beurna and the country of th 1-/2 by Woodfield Lamedery Calesville, Me. Honey W. Jankins & Sons Co. NEW York East metho., Nd. 21212

STATE OF MARYLAND



		1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 3 0 6 1 CERTIFICATE OF DEATH REG. NO.					
TO			CEASED NAME CORPRINT	MIDDLE B	RADFORD	20. DATE OF DEATH	12 - 15-80 5 45	>	
M)	nce	3 SE	EMALE	NEGRO	S DATE OF BIRTH MONTH DAY YEAR 12	6. AGE (IN YEARS LAST BIRTH	HOAY) # UNDER 1 YEAR # UNDER 24 HR MONTHS DAYS HOURS MIN	5	
uneral din	35	C	MARYLAND	THE CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF	COUNTY OF DEATH	_	
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A filled in	35	130 S M/	ARYLAND 130 COUN	21	YES X NO	12/3 L	GHT ST		
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s been sign iit. Then p prior to bu	vs any inju	CERTIFICATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	VEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR COND	206. IF YES, WERE FINDINGS USED	-	
	ê 2	F				YES NOW	IN CERTIFYING CAUSES OF DEATH?		
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			276 SIGNATURE	nes .	PEGREE ATTENDE		F 12-18-8	7	
TO FUNE should be a with the Si	MPORIAN		224 PHYSICIAN'S NAME ATTPE OR	W-31+1 M.D	27. ADDRESS	U-YORK	Rd BAST.		
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DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR WILLIAM C. MARCH FUNERAL HOME INC.

Burial

12/19/80

Mount Calvary Cemetery Arundel Co.

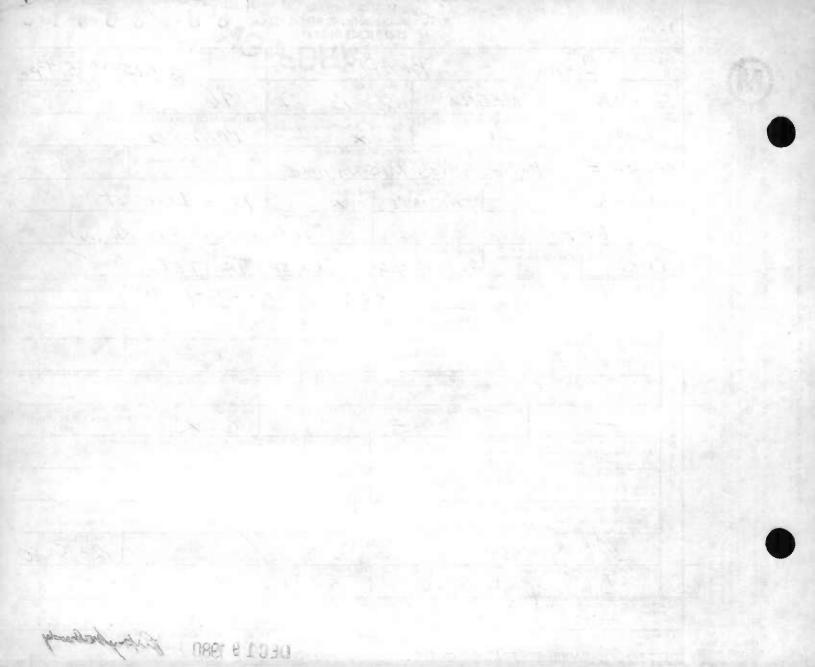
1101 E. North Avenue DEC 19 1980

ME INC.

October Arundel Co.

DEC 19 1980

MD.



~	1	STATE OF MARYLAND
50.	11.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 3 0 8
X		REGISTRAR CERTIFICATE OF DEATH REG. NO.
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oy be		JOHN HENRY BRANDT 12-23 80 H: 42 M
moy moy	3. SE	
as of a solution		M W NONTH OAY YEAR 77 YES MONTHS DAYS HOURS MIN.
2 50		IRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
death.	5 /	32/to, Md. U.S.A. WIDOWED DIVORCED BALTIMORE CITY MD.
The with	10 C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
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212 212 Jin Jin	USU 13g	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS
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ORE, and condicol dicol	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS VES, NO OR UNKNOWN) (16 YES, GIVE WAR OR DATES)
N a a a E I		NO 1220-05-7702 Mr. George Pranat-1259 E. North Au
ALT are by pers. ol.		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c): APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH
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DIVISION OF PH attent the offer the last the las	2	WHILE NOT WHILE AT WORK
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_ E to P 0 to 1		saw the deceased give an
OR A he hosp DIREC poched Dept:		276 SIGNATURE DEGREE 22c. DATE SIGNED
, _ , _ , _ ,		Sevendra P. Hamichelli. MD ATTENDING MEDICAL STAFF 2: 23: 80
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IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e. ADDRESS	DIRECTOR DIPHISK	/ /	110/00
MPORTANT:		Thomas	E. Lipin		u. ot	Md Ho	spita!	
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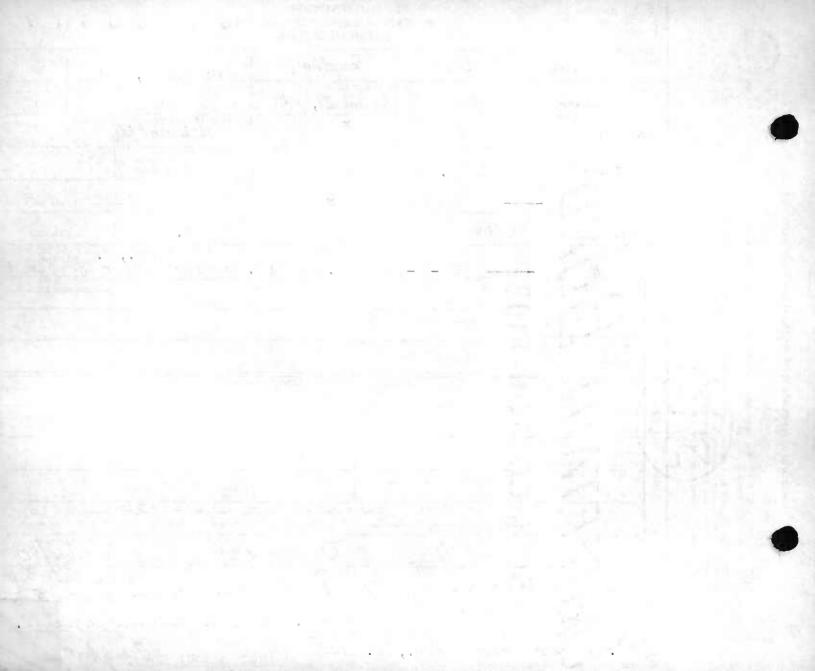
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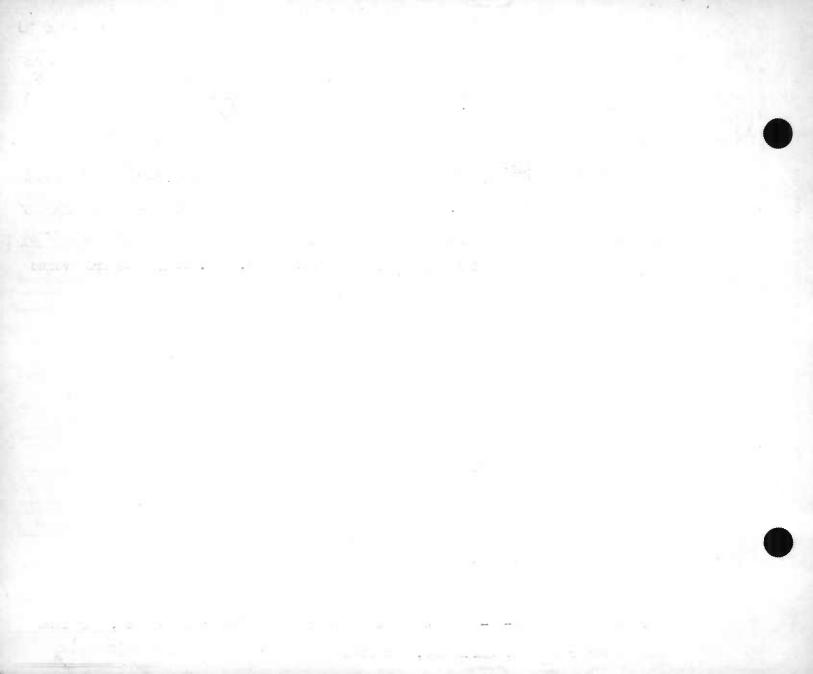
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH MONTH DECEASED NAME YEAR 7h HOUR Brauckhoff (TYPE OR PRINT) Mary Lee 980 December 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX MONTH HOURS White August 29 Female To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED anilland Baltimore (ity WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ltimone Fort Avenue Secretary DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13. 602 Jeffney Street 13b COUNTY 13d. INSIDE CITY LIMITS? 130 CITY, OR TOWN Paruland Baltimore 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME annie Meushaw etters tohn ADDRESS Lto., 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Brauckhos 1 602 Jellney Street BETWEEN CHIEF AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o.), (b.), and (c1.) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ď IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 77c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME ITYPE OR PRINT 22e ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Glen Haven Mem. Park Ylen Burnie Anne Arundel I'd. Buria 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR 24 FUNERAL DIRECTOR ///C DHMH 10 60M 1/73 Balto., M. A venue (VRA 15/4)



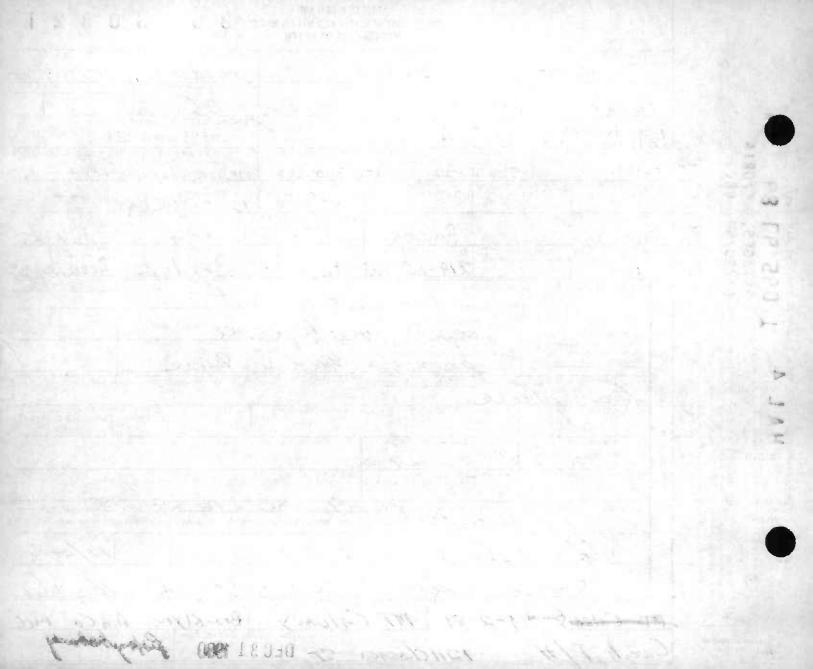
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



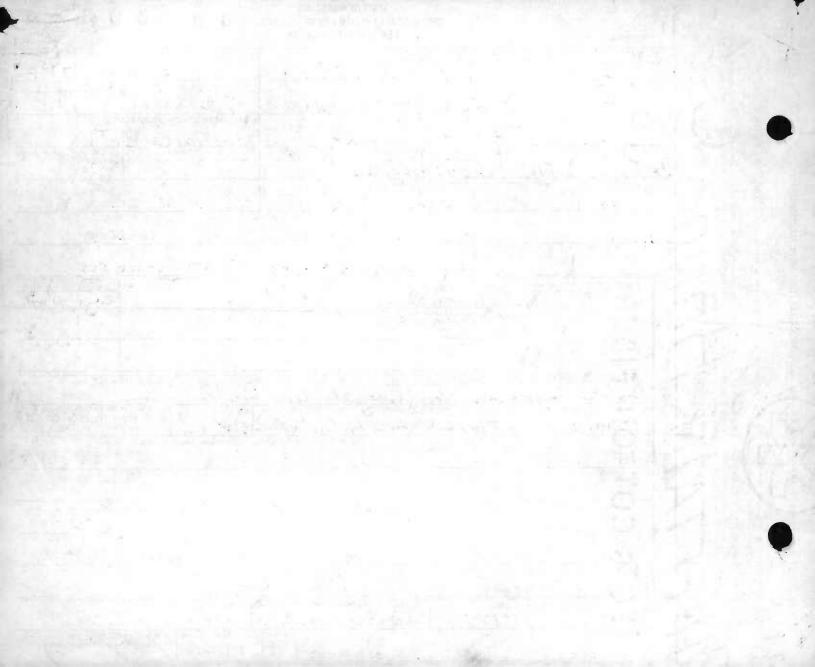
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STATE OF MARYLAND

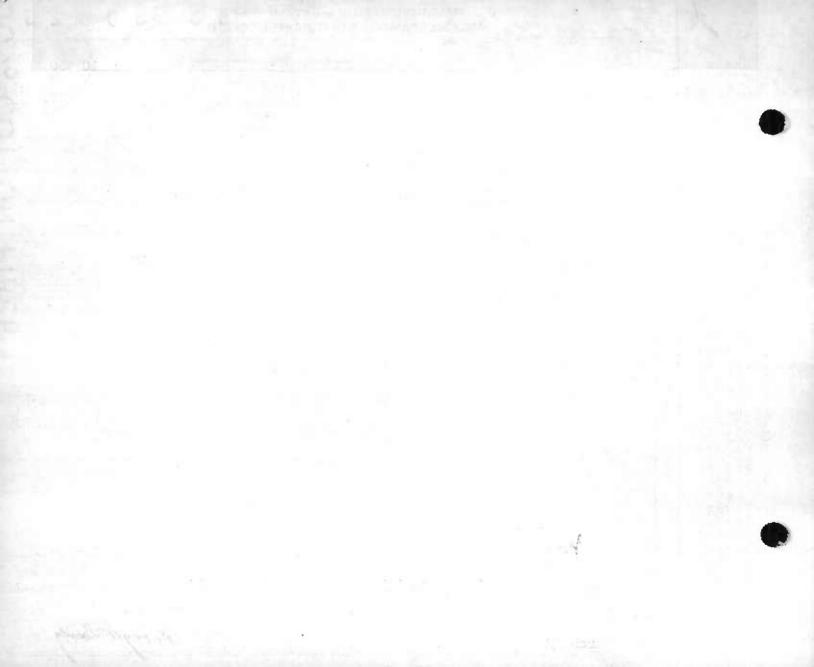


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d ST., BA certificat ng physi bon pape r removo		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	DIATE CAUSE (a)	arrus	negers	tony arrest	-			MATE INTERVAL INSET AND DEATH
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TTAL OR ATTEN by the hospital by the hospital detached for u state Dept. of H NT; if hem 21 is		obove. (1) (mee) (did) totte	west view the body	after death.	, 0	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	22c. DATES	
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DHMH-16 60M 7/73 (VR A 15 (4))	24. 6	Wm C March	F/H	1101	ss E. Nort	. OF	C 3 U 13	ISTRAR 256. REGIST	ARS SIGNATURE	rivery



Charles To I five a some year

16	1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENS MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. REG. NO.								
management a	1. D	ECEASED NAME			MIDDLE		LAST	2a.	DATE KNOWN OF ESTI-	нтиом 🗓	DAY YEAR	2b. HOUR
ESS SAS	-	V I	NEEDH				RODIE, Jr.		DEATH MATED	16	10 1980	M
TO TE	D.SE		I. RACE	5. DATE OF BIRTH	YEAR LAST BIR		NDER 1 YR. IF UNDER		DATE	HINOM	DAY YEAR	2d HOUR
· · · · · · · · · · · · · · · · · · ·		BIRTHPLACE (ST.	negro	6 17	28 52	YRS.			DEAD		10 1980	3:11 pm
NA STATE		OREIGN COUNTRY)		76. CITIZEN OF WH	HAT COUNTRY?		IED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF					
A50 0 3 / 7	10.0	ITY OR TOWN C	V.C.	USA		WIDOV		43	altimor			MD.
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202 A 80 C	HISH	Baltimo		OR OTHER INSTITUTION, GIV	nesapeake	Ct.						
BALTIMORE, MD. 21281 S AFTER DEATH, IF ANY DELA GIVE PAGES 1, Z, AND 2 10 THY FORM PM 3, RETAIN PA PAGES 1 AND 2 SHOULD BE F INISION OF VITAL PECORDS 2	13a. :	STATE Md.	13b. COUN	OR OTHER HASTITUTION, GIV	13c. CITY OR TOWN Balto.	ISS10N) V	13d. INSIDE CITY LIMITS? YES A NO	13e STREET 3213	ADDRESS Fairfi	eld Rd		
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DEATH DEATH A PM A PM A PM		Needhar	n		odie, Sr.		Carrie		MIDDLE	Nich	olson	
TIMORI TER DE FORM SES 1 AN	160.	WAS DECEASED YES, NO, OR UNKNOW		MED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRI			
JRS AFTER DE SINE AFTER DE WITH FORM WITH FORM DIVISION OF		No	(* 120, 311		245-40-9	390	Sidney Br	codie	3213 F	airfie	ld Rd.	
: 5 4 5 - 0		18. CAUSE OF	DEATH (Enter or	nly ane couse per line	for (o), (b), and (c).)						APPROXIMATE BETWEEN ONSE	INTERVAL
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. O ROBED TO THE CHIER MEDICAL EXAMINER ALONG WIT RE 3 SHOULD BE USED AS A BURRIAL- TRANSIT PERMIT. P E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DI OI PRIOR TO BURAL, CREMATION, OR REMOVAL.		45	42	DUE TO, OR	AS A CONSEQUEN							
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ON STATE		lying cous	e last.	(c)								
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TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND,		EXAMINER'S N	NAME Vir	ginia L. D	olan, M.D	•	ADDRESS 111	Penn	St.			
DAY DE E	23a, E	SURIAL, CREMAT	ON, REMOVAL	23b. DATE	23c. NAME OF	EMETERY C		23d. LOCAT	ION		***	
BP	(Burial		12/14/80	Church	Cem.		Loui	sburg,	N.C. COUN	IY ST	ATE
2506 phan-17	24. F	UNERAL DIRECT	OR				250. DATE		GISTRAR 15		GNATURE	
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15M 2/80							1010			_		



3	1			STATE OF MARYLAND		
A	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	0826
(ME)		CEASED NAME FIRST E OR PRINT) Edwa	MIDDLE	Brogden	20. DATE OF DEATH MONTH	14 80 6 AM
1	3. SE	× male	4 RACE	5. DATE OF BIRTH MONTH DAY 1939	6. AGE IN YEARS LAST BIRTHDAY 41. YRS.	MONTHS DAYS HOURS MIN.
nerol di	7a. 8	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or Count	Y OF DEATH CITY MD.
s after d by the fu filed with		Baltimore	BON SECOU	rs Hospital	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fill examiner/must be in	130	STATE D.	OR OTHER INSTITUTION, GIVE RESIDENCE BI JNTY 13c. CITY OR T Bal	TO YES NO 1	13e STREET ADDRESS Sa.	ratoga Street
+ 0-		William	MIDOLE Brog	den Ella	MIDDLE	Simms
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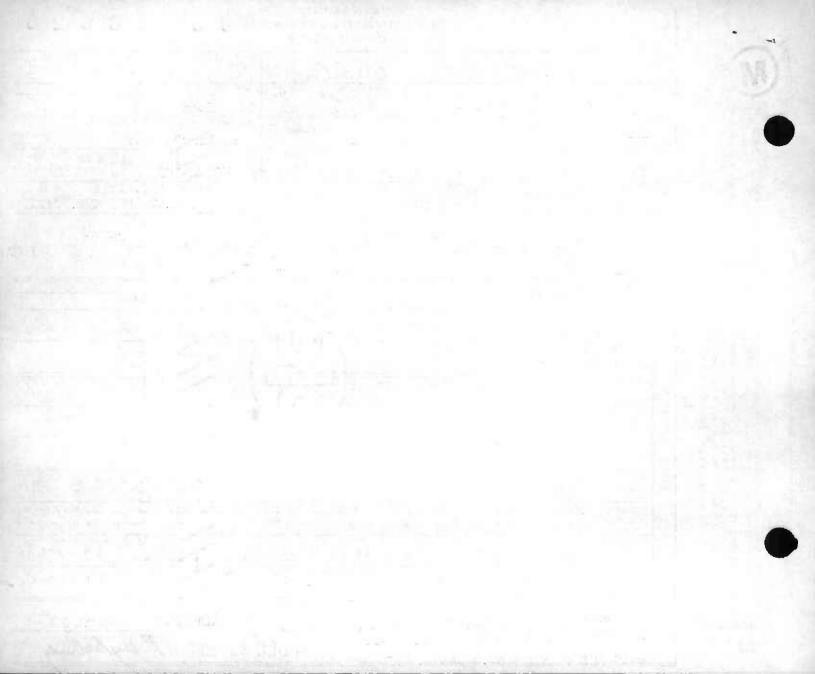
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and and and		James	Iake	Bromwe	7 7	Maggie	MIDDLE	Jones	LAST
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C. Chiralia Co. TITTE HOUSENAND LACIELLE SEIRORS LORSE BOULSELLE

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ge 4 mo ector, po rrs after d	3. SE	F EMALE	4. RACE WHITE	S. DATE OF BIRTH 21 09 MONTH DAY YEARS	6 AGE (IN YEARS LAST BIRTHDAY) 71 XXXX YRS.	FUNDER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
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L OR ATTENDIN the hospital or I DIRECTOR: Al tached for use a E Dept. of Healt If them 21 is mo		saw the deceased alive	spital) attended the deceased fro on 12 - / 19 not) view the body after death.	DEGREE ATTENDING	n death occurred on the date and hour	9 (we) lo and from the causes stated 22c. DATE SIGNED
TO HOSPITAL retained by the Foreign of the Foreign		22d PHYSICIAN'S NAME (TYP	BEBAWY	220 ADDRESS SINAI	DIRECTOR PHYSICIAN X	Baltimor
2 7 BP	230.	BURIAL, CREMATION, REMOV	12/19/80	HEBREW YOUNG MEN	23d LOCATION CITY OF TOWN BALT IMORE	MARYLAND STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 F		LEVINSON & BROS	s., INC.	EC 24 1980	AN'S SICHATURE



19	FOR 1 - STATE REGISTRAR	DEF	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 0	30829
	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
be 3	Harlice (MAT	E) T.	BROOKI		12 4 80 4:55pm
4 mo	3. SEX	A RACE	S. DATE OF BIRTH MONTH DAY YEAR 7 14 0 6	6. AGE (IN YEARS LAST BIRTH	HDAY] IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
og H. Pog	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF	R COUNTY OF DEATH
by the followith	10. CITY OR TOWN OF DEATH BALTIMERE	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)	128 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF	ON 126 KIND OF BUSINESS OR
ours ours be file	USUAL RESIDENCE HE NURSING HOME OF	MONTEBELLO			
AND 24 h	Md	Ba	HO. YES A NO [13e. STREET ADDRESS	Voadmere Ave.
MARYLAND ed within 24 mpletely filler and 2 should	LOWIS	MIDDLE JOHN	15 MOTHER'S MAIDEN NAI	MIDDLE	LAST
BALTIMORE, cate be execute ysician and co opers. Pages 1 vol.	160. WAS DECEASED EVER IN U.S. AR/	MED FORCES? 166 SOCIAL WAR OR DATES)	SECURITY NO. 17 INFORMANT 24 9919 Archto 1	Rusks	415 Woodmere Aut
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DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r offending physicion. Wher this certificate has been sign as the buriol-transit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows any injury	190 DATE OF OPERATION (3)0. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
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5 € 5 € ¥ ¥	230 BURIAL, CREMATION, REMOVAL	23b. DATE	23t, NAME OF CEMETERY OR CREMATORY	236. LOCATION CITY OR TOWN	COUNTY STATE
1/8 BP	Burial	12/8/80	Cedar Hill Cemetery		undel Co., Md.
DHMH - 16 50M 7/77 (VR A 15 (4))	Wm C. March F	/H 1101 E.	North Ave. 250. DAT	C. 1 0 1980	256. RESTROY Helindy

Bress - S I bear white he Lieux Commande Williams Commander Street 222- Horas Friend Land Committee Horse at the Standard

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20 DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) WILLIAM BROOKS 12/30/80 4:00a, 3 SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. 09 15 Male Black 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY USA Maryland WIDOWED DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSI 130. STATE Baltimore 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland 645 N. Calhoun Street NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Unknown Unknown ADDRESS W. PRESTON ST., BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST 645 N. Calhoun Street 217-09-3124 No Ora L. Hatten 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Me telebelee IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUI NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(6) CERTIFICATION la (00 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO I YES [DIVISION OF VITAL 21a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINERS 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from_ sow the deceased alive on... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF Should be detoined the Stote Limportant: If DIRECTOR PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME CTYPE OR PRINTS 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION CITY OR TOWN STATE (SPECIFY) COUNTY 1/5/81 Baltimore Cemetery MD. Burial Raltimore 24 FUNERAL DIRECTOR 1101 E. North Ave. 250. DATE REC'D. BY REGISTRAR 256. REAL DHMH-16 30M 2/80 WILLIAM C. MARCH FUNERAL HOME INC. (VRA 15, 4)

12	1	FOR - STATE REGISTRAR	DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH		0831
ъ		CEASED NAME CALVIN	MIDOLE B	ROWN	REG. NO. 20. DATE OF DEATH MONTH D 12 2	7 80 0020Am
Poge 4 moy	3. SE	MALE B.	5. DATE O	DAY YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS
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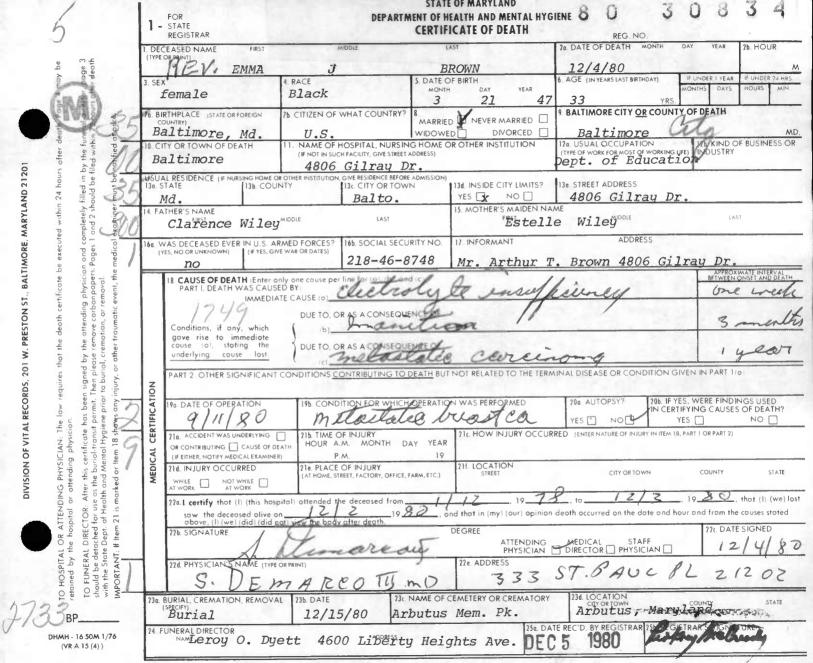
STATE OF MARYLAND

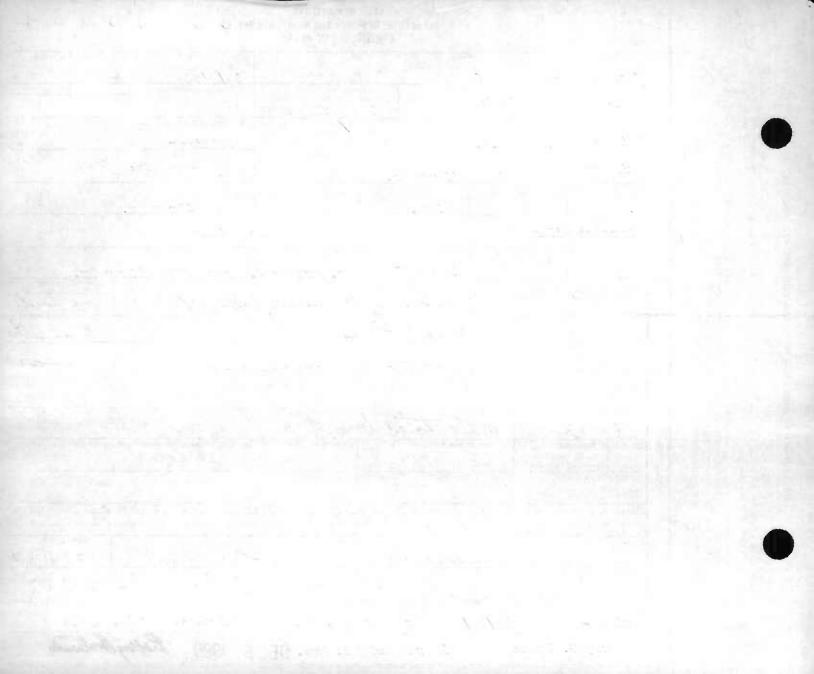
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FINIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER E. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PARAMEDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT PROFEST STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE DWISION 7, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		cause (a) lying cau		(c)	R AS A CONSEQUENC		SE OR CONDITION GIVE	N IN PART 3 (a).					=
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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		220. I certification of the control	ed from Not	pral causes ,	Accident	Suicide^	Hamicide TITLE (SPECI A.D. Assis	FY) Stant MED	Inquiry, etermined manner [DICAL EXAMINER Street	and in my o		26-80	•
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Olne		CEASED NAME FIRST		MIDDLE	- 40	AST		20 DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
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192		(IF, NOT IN SUCH FACILITY, GIVE STREET ADDRESS)									FOR MOS	T OF WORKING	LIFE)		OR INDUST	RY
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28	SA DA A	23a.BUR	IAL, CREMAT	ION, REMOVAL	23b. DATE	23€.	NAME OF CE	METERY C	RCREMATO	ORY	23d. LOC	ATION		COUNTY		TAIE
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10	1	FOR STATE REGISTRAR				EALTH AND MENTAL HY	GIENE 8 0	3 0	3	3.9
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OR ATTEND he haspital or DIRECTOR: A coched for use to Dept. of Head If them 21 is m		270.1 certify that ((this saw the deceased of above, ((we) (did) (27b. SIGNATURE	ive on 2-2	0 -80 10		od that in (97) (our) opinion DEGREE ATTENDING PHYSICIAN	deoth occurred on the o	FF .	22c. DATE SIG	
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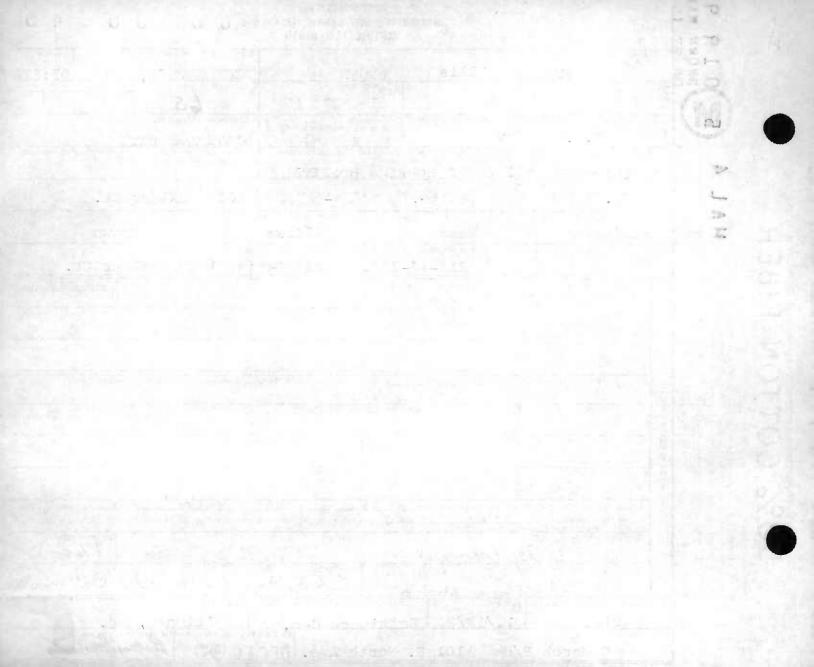
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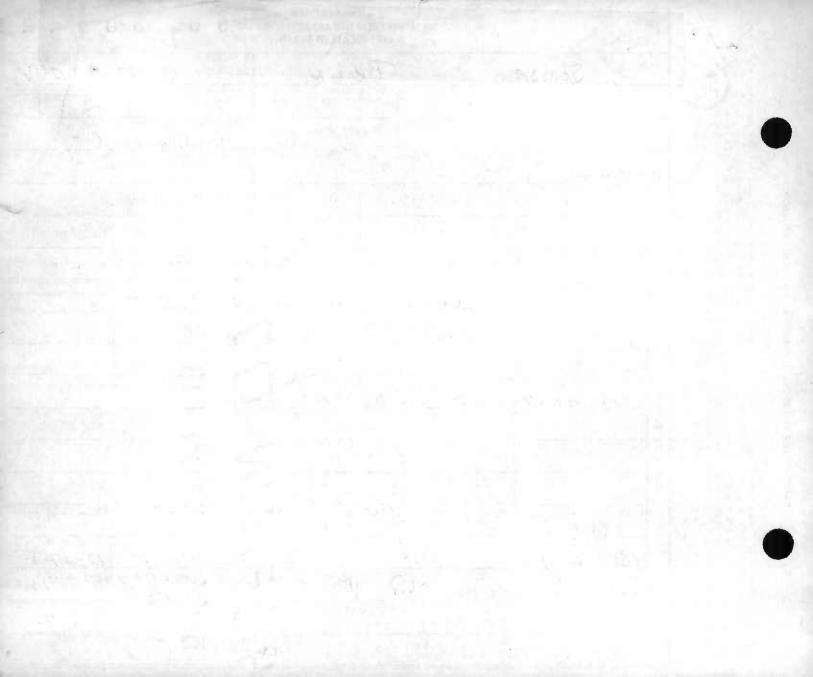
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DECERSED NAME (1997 CORPORT) MARY Ellis BOWN DECEMBER 09 1980 0	0	45					0 0 0	
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18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o). Stating the underlying cause lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN GIVEN GIVEN GIVEN GIVEN GIVEN	conte		160; WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECU				
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236. BURIAL, CREMATION, REMOVAL 36. DATE 236. NAME OF CEMETERY OR CREMATORY COUNTY Burial 12/12/80 Baltimore Cem Baltimore, Md.			(SPECIFY)	TA DESTRUCTION OF THE SECOND		CITY OR TOWN		STATE
DHMH-16 30M 2/80 (VRA 15. 4) DHMH-16 30M 2/80 WM C March F/H 1101 F North Ave DEC 1 1000			24. FUNERAL DIRECTOR	ADDRESS	25a. DA	TE REC'D. BY REGISTRAR 25	B. REGISTRAR'S SIGNATUR	£



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DHMH - 16 50M 1/76 (VR A 15 (4))

		FOR STATE REGISTRAR				EALTH AND MENTAL HYG ICATE OF DEATH		REG. NO	3 0	8	4	2
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1	3. SE	Female	4 RACE Bla		5. DATE C		6 AGE (IN YEAR 73		MONTHS YRS.		FUNDER 24	MIN.
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39	B	attmore	Prov	LOCILITY, GIVE STREET A	spit	or other institution	12a USUAL OC (TYPE OF WORK F	CCUPATION or most of work	(ING LIFE) 12b.	KIND OF	BUSINES	SOR
35	Ma	yland	ME OR OTHER INSTITUTION OUNTY	Bal cimo	re	134 INSIDE CITY LIMITS?		Beile	Ave.			~
00	14 FA	Dudley	WIDDLE	Best		Janie Janie		MIDDLE	E	Brude	en	
1	16a V	VAS DECEASED EVER IN U.S (ES, NO ORUNKNOWN) (IF YE	S. ARMED FORCES? S, GIVE WAR OR DATES)	166 SOCIAL SECUR 217-01-		Elouise Pa	almer	4914	Belle	Ac s	ve .	
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9	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE	DE DEATH HOUR A.	M. MONTH DAY	19	21s. HOW INJURY OCCURS 21s LOCATION STREET	RED (ENTER NATU		- Level		STAT	TÉ
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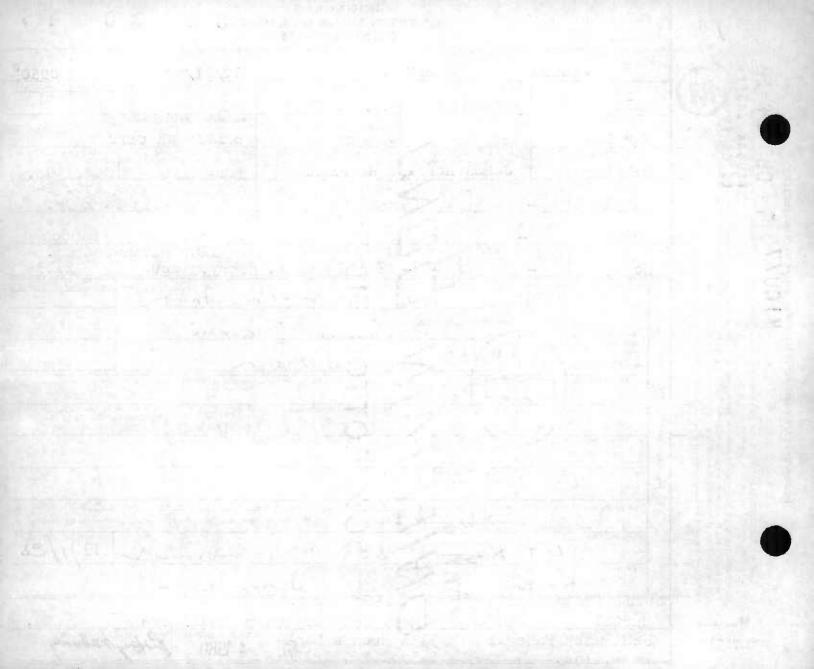
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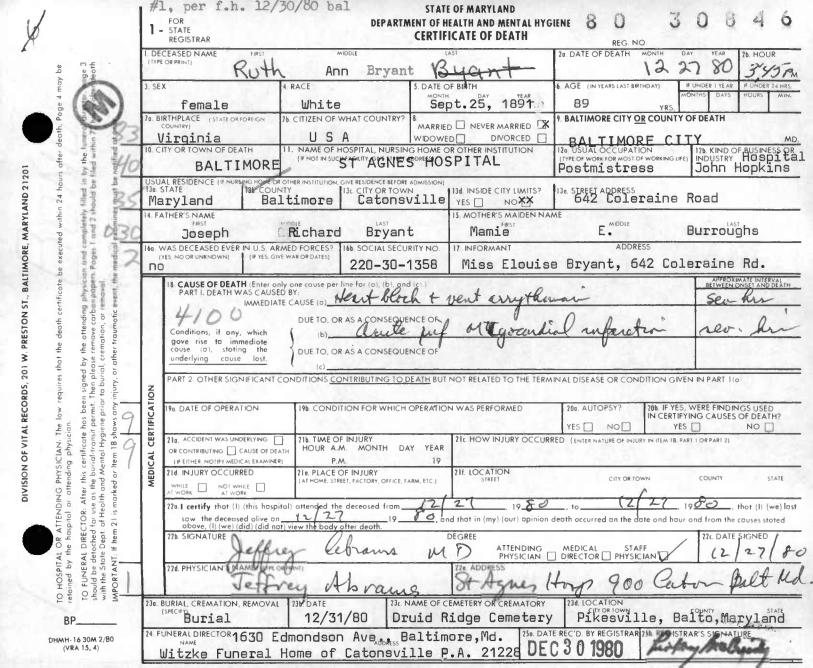
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1	1.	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 3 0 8 4 4
- /	1	REGISTRAR	CERTIFICATE OF DEATH REG. NO.
nay be page 3		CEASED NAME FIRST OR PRINTS DANIEL	B' BRUCE Dec 22nd 80 6AM
ge 4 may	3. SE	Male	4 RACE S. DATE OF BIRTH MONTH OAY YEAR OAY YEAR S. DATE OF BIRTH OAY YEAR
Day Poo	A B	RTHPLACE (STATE OR FOREIGN OUNTRY)	**BALTIMORE CITY OR COUNTY OF DEATH SALTIMORE CITY OR COUNTY OF DEATH SALTIMORE CITY OR COUNTY OF DEATH Baltimore, MD.
or the formal month of the dear dear dear dear dear dear dear dea		or town of death Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOSINISUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
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n ond cor Poges I	16a. \	VAS DECEASED EVER IN U.S. ARA	
rtificate by physicia on papers emoval.		18. CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED IMMEDIATED	
NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours attending physician and completely filled in bus the this certificate has been signed by the attending physician and completely filled in bus the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fit hand Mental Hygene prior to burial, cremation, or removal.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF
equires the signed Then plect to burial injury, or	NO	PART 2 OHER SIGNIFICANT C	onditions contributing to death but not related to the terminal disease or condition given in part 100 the course cut wally black a corresponding
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NDING PHYSICIAN: The is stored or ottending physicion. R. After this certificate has use as the burial-transit per Health and Mental Hygiene is marked at frem 18 shows	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
DR ATTENDIA hospital or IRECTOR: A thed for use 'ept. of Health		22e.1 certify that (1) (this haspit saw the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE	19-10 = 1950, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated
HOSPII bined b FUNE buld be PORTAN		22d PHYSICIAN'S NAME (TYPE OR	
70/ BP	23a.	BURIAL, CREMATION, REMOVAL SPECIFY Burial	23b. DATE 12/27/80 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23d.
DHMH - 16 25M (VR A 15 (4)) 9/74	24 F	uneral director Law Funeral :	Home 4611 Park Heights Ave. JAN 8 1981

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		5/	Tr. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. BAL1	IMORE CITY O	R COUNTY OF DEA	TH	
	5 6 MG	357		Maryland	USA		WIDOWE	DIVORCED	D BA	ALTIMOR			AD.
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ND 212	The state of the s	133	130.	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU Marvland	R OTHER INSTITUTION. NTY	GIVE RESIDENCE BEFOR 134. CITY OR TOW Baltin	M	13d. INSIDE CITY LIMIT	S? 136 STF	EET ADDRESS		pt. B-4	
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12	of the party	ě		18 CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS	nly ane cause per	line far,(a), (b), ar	nd (c).)		0	Λ		PPROXIMATE INTERVAL	=
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DIVISION OF VITAL RECORDS	1 10	£-	CERTIFICATION	9a. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200	AUTOPSY?	20b. IF YES, WERE F	INDINGS USED	
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TTA.		\$	TER	210. ACCIDENT WAS UNDERLYING	21b. TIME O			21c HOW INJURY OC			Y IN ITEM 18 PART 1 OR PA		-
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20	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE. WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P	¥	WHILE AT WORK	NOT WHILE C	STREET, FAC	CTORY, FARM, ET	C)	S	TREET		C	ITY OR TOWN		COUNTY		STATE
	ATE S		22a I certify	y that I toak charg	e of the remains de	scribed obay	re, held an	Autop	ьу 🔲.	Inspection	□x .	Inquiry .	and in my	apinian		
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1201	BP		Burial		12-28-80	S	t. Jan	nes						2014	Md.	
000	DHMH - 17 (VR A 15 ME (5)) 15M 2/80	24. F	POBEL TO	Tyle Prite	Le la ADDRES	,	rinstor	m	4	So. DATE RE	D BY RE		b. REGISTRAR	SIGNAL	IRE	

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DHMH-16 30M 2/80 (VRA 15, 4)

	1 -	FOR - STATE REGISTRAR		DEPARTMENT O	ATE OF MARYLAND FHEALTH AND MENTAL HY IFICATE OF DEATH	GIENE 8 0	3 (3	4 8	
	1. DE	CEASED NAME FIRST	MIDDL	E	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR	
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V mm	3. SE:		4 RACE		E OF BIRTH	6. AGE (IN YEARS LAST BI		ER I YEAR	IF UNDER 24 HRS	
		ALE	XXXXX WI	HITE Z	10 19	61	YRS.	DAYS	HOURS MIN.	
20		IRTHPLACE (STATE OR FOREIGN COUNTRY) ORTH CAROLINA	U.S.A.	MARI	RIED NEVER MARRIED WED DIVORCED	Baltimore City		EATH	MD.	
23		ALTIMORE	(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12g. USUAL OCCUPAT (TYPE OF WORK FOR MOST		KIND OF	F BUSINESS OR	
35	130. 5	AL RESIDENCE (IF NURSING) STATE NAME ARYLAND	NTY 13c.	RESIDENCE BEFORE ADMISSIO CITY OR TOWN ALTIMORE	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 5 N. Exete	r Street			
90		ATHER'S NAME FIRST	WIDDLE	BUNTON	15. MOTHER'S MAIDEN NA MARGARET	AME	I	ESCÖX		
1			VE WAR OR DATES)	SOCIAL SECURITY NO	VAMC Clinica	ADDR		Md. 21218		
9	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT ACO DIC	DUE TO, OR AS (c) CONDITIONS CONTE	580%	S GEN CYC	MINAL DISEASE OR COM	ADITION GIVEN IN THE STATE OF T	EFINDIN	GS USED	
4	CERTIF	21s. ACCIDENT WAS UNDERLYING.	and the second s	JURY MONTH DAY YEA	71s. HOW INJURY OCCUR	YES NO	YES 🗍		NO 🗌	
7	MEDICAL	OR CONTRIBUTING CAUSE OF DE 19 ETHER HOT BY MEDICAL BRANNE 214. BNJURY OCCURRED MINE CONTRIBUTE 11 WORLD	PL PLACE OF IT	- 1	231	C07/ 08 7	QWH CO	DUN(TF	MAR	
1		22a.1 certify that (II) (this hosp sow the deceased alive or above. (II) (ve) (d.) 1000. 12b. SIGNATURS 22d. PHYSIGIAN'S, NAME (type.	DECEMBER Transport (Floody offer	2. 1080	BER 20 19 80 used that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS 3900 Loch Ra	MEDICAL STA	late and hour and t	12/2/	/80	
	23a. E	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1285/8		CEMETERY OR CREMATORY Auburn	23d LOCATION Balto			STATE	
		uneral director C. Mainwrigh	t 2700 E	Dmond son	250 DA	TE REC'D. BY REGISTRAL	25b. REGISTRAR'S	SIGNATU	URE	

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						OF MARYLAND	NA 18	and)	0 0	1 0
	1.	FOR STATE		DEPART		EALTH AND MENTAL HYGI	IENE 8 U	5	Ua	47
	1 05	REGISTRAR		IDDLE			REG. NO			
24		CEASED NAME FIRST OR PRINT)		IDDLE		AST	20. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
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In m	3 SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
(DVE		Male	Cauc.		9	5 1900	80	YRS	MONTHS DAYS	HOURS MIN.
1	Ta B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
(2)		Md.	U.S.A.		WIDOWE		Baltimon	ce Ci	tv	MD
10	10 C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	G HOME C	R OTHER INSTITUTION	12a. USUAL OCCUPATI	ON	12b. KIND O	F BUSINESS OR
1 7/0	1 1	Baltimore		FACILITY, GIVE STREET Linw		ve.	(TYPE OF WORK FOR MOST O	F WORKING LIF	E) INDUSTRY	
160	JSU.	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, C	OVE RESIDENCE BEFOR	E ADMISSION)					
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-	14. FA	ATHER'S NAME		Dal Clin	ore	15 MOTHER'S MAIDEN NAM	VE	TIWOU	u Ave.	
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oper vol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per l	1 ~	d (c).				BETWEEN	MATE INTERVAL
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7. of		sow the deceased alive a above, (l) (we) (did) (did n	at view the body a	fter death.		d that in (my) (our) opinion d	eath accurred on the do	te and hou	r and from the c	ouses stated
Dept Dept		22b. SIGNATURE	-11/1	211-	4	REGREE	Airpicii		277 DATES	IGNED ICO
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old be o		224. PHYSICIAN'S NAME (TYPE		10 . /		22e. ADDRESS			0	
should be owith the Sto		CHARLES (MACI	VINN						
₹ 3 ₹	230 E	URIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	NAME OF C	METERY OR CREMATORY	23d. LOCATION			
SE 70	-(1	Burial	1/3/81			Hill Cem	CITY OR TOWN	Rock	Apan 3	state Md.
7/73	24. FL	INERAL DIRECTOR	11/)/ 01		cual	25g A.M.	RITO D. BY BISTRAR			
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MROMETIAS ------ CZAJYANA 36'S TO OKSON A IR. CHARGES J. LARKEN H HDALLIACH . IC ----- 216-05-015/ EUGAS H. BURGAN 1904 WALTERS AVE. BALTO. ND. CREA MATERIA 12/4 3/4 9/4 880 GRUENMAULT CEMEIURY LLUCTION IN MARIAND

DIPPEL FINERAL MONEY 7000 BELAIN RD. BALTO. MD. DE LEELE

WILLIAM C. MARCH FUNERAL HOME

(VRA 15, 4)

LANGE OF THE PROPERTY OF THE PROPERTY OF CARL STATE OF THE STATE OF THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a DATE KNOWN XX MONTH (TYPE OR PRINT) Michael Burrel1 12 DEATH MATED 2210 80 4. RACE 5 DATE OF BIRTH SEX & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED male 80 black 23 DEAD To BIRTHPLACE (STATE OR Th CITIZENIOF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 120 KIND OF BUSINESS FOR KUSTOF WORKING UPET) Johns Hopkins Hospital Baltimore WRM LLOV 2, AND 3 TO 1 3. RETAIN PA SHOULD BE F USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE 13. 136 COUNTY 136. 217 OR JOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADORES YES NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME VNR 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT MO 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Smoke Inhalation IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 ID CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR YES NO X 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 12/19/80 housefire CONTRIBUTING CAUSE OF DEATH 11:46m.PM 21e PLACE OF INJURY 21d INJURY OCCURRED 21L LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEMAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.1 STATE WHILE AT WORK 2709 Hamilton Avenue, Baltimore City MD at home II a I certify that I took charge of the ms described obove, held Autopsy death resulted from Undetermined manner Suicide TITLE (SPECIFY) ACTUAL DATE 12/23/80 M.D. Beputy Chiafoical EXAMINER THOMAS D. SMITH, M.D. 111 Penn Street, Balto., MD 21201 EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATIO STATE 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-17 (VR A15 ME (5)) 15M 2/80

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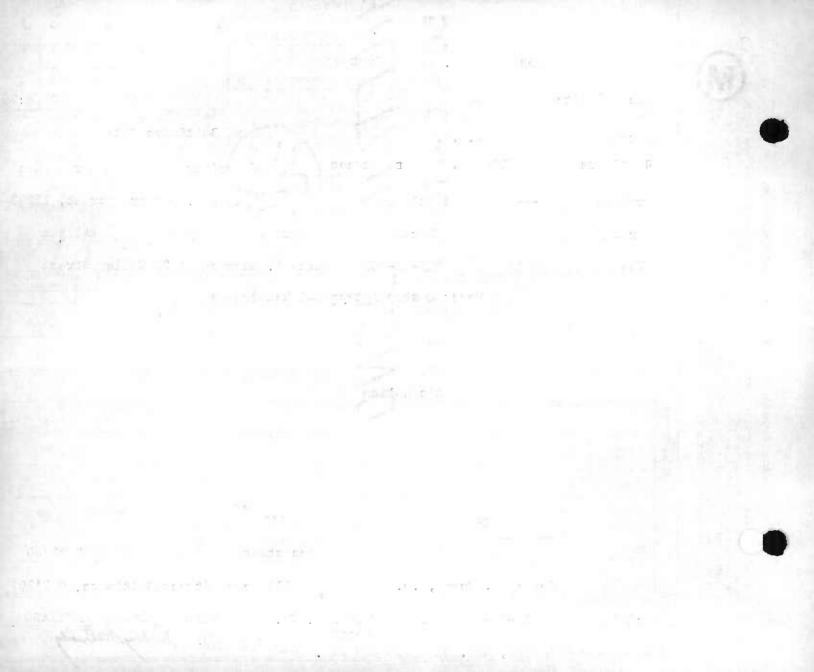
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWNXXX 26 HOUR TYPE OR PRINTS ESTI F. OF Tames Burton DEATH MATED 21 1980 4. RACE AGE (IN YEARS | IF UNDER) YR 2d. HOUR SEX DATE OF BIRTH IF LINDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED 1080 8:26 male white DEAD 08 12 24 56 YRS TO BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH PM MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City DIVORCED X U.S WIDOWED Maryland 2, AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE FILED w IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Lombard Street FOR MOST OF WORKING LIFE! OR INDUSTRY 18. GIVE PAGES 1, 2, AND 3 TO TH 5. WITH FORM PM 3. RETAIN PAGE MT. PAGES 1 AND 2 SHOULD BE FI 6. DIVISION OF WITAL RECORDS, 2 Baltimore Driver Horse Vans USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY 13c CITY OR TOWN 1209 W. Lombard Street, 21223 Baltimore YES & Marvland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Alisea. Arno 1d Burton Myra Lynn 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS IYES, NO. OR UNKNOWN) I HE YES GIVE WAR OR GATES! 2520 Tolley Street 216-16-4638 WW TT Betty L. Heacock Yes ALONG WI CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ATION, OR REMOVAL. gastro intestinal hemorrhage IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 4 Alcoholism TE, WRITING THE WASHER MISRWARDED TO THE CHIEF MISRWARDED TO THE CHIEF MISRWARDED BE USED A ESTATE DEPARTMENT OF HEA 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 19a, DATE OF OPERATION 20 AUTOPSY? NO XX 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR TING I MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION 214 INJURY OCCURRED TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY AT WORK NOT WHILE AT WORK xx22a I certify that I took charge of the remains described above, held on Autopsy Inspection Notural causes Homicide Undetermined monner TITLE (SPECIFY) Assistant 12/22/80 SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn Street.Baltimore,MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d. LOCATION MEADOWRIDGE MEM. ELKRIDGE HOWARD MARYLAND 12-24-80 Burial 250. DATE REC'D. BY REGISTRAR 250 EGISTRAR'S SIGN TURE 24 FUNERAL DIRECTOR 21229 DEC 24 1980 **DHMH-17** ADDRESS (VR A15 ME (5)) HUBBARD FUNERAL HOME. INC. 4107 WILKENS AVE

15M 2/80



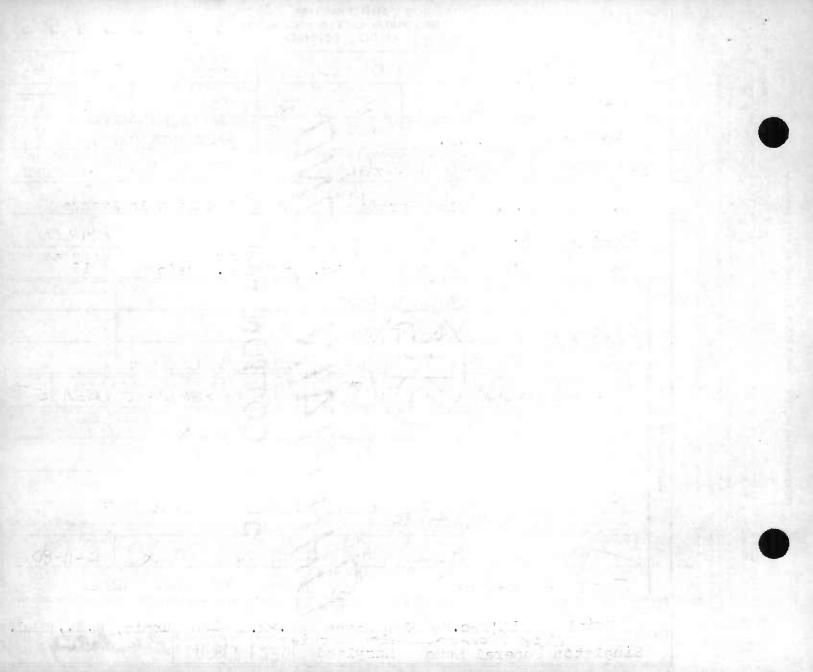
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2g. DATE OF DEATH 2b HOUR LTYPE OR PRINTS 3 SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR Female Negro 7a. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Battimore WIDOWED DIVORCED 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 130, STATE 136, COUNTY 13e, STREET ADDRESS 13d INSIDE CITY LIMITS? 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE zanas ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ogd PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 CERTIFICATION prior 184 STATES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO F burial-transit Mental Hygie 216 TIME OF INJURY THE HOW INJURY OCCURRED. (ENTER HATURE OF PUDEY IN HEM 18, FART I GR FART TO 21s. ACCIDENT WAS UNDERLYING [8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I IF EITHER NOTIFY MEDICAL PERMINERS P.M. 19 214 INJURY OCCURRED 10 71s. PLACE OF INJURY TH LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) morked AT WORK 27s.1 certify-shot (I) (this haspital) attended the disteased from and that in (my) pour) opinion death occurred on the date and hour and from the courts states 22h SHIGNATURE & DEGREE 224. DATESIGNE ATTENDING MEDICAL STAFF * Should be detor with the State D PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 224 PHYSICIAN'S NAME (TYPE OF PRINT) 77e. ADDRESS 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY Randallstown, Maryland Burial 12/29/80 King Memorial Park 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256_REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 Wm. °C. March F.H./1101 E. North Ave. (VRA 15, 4)

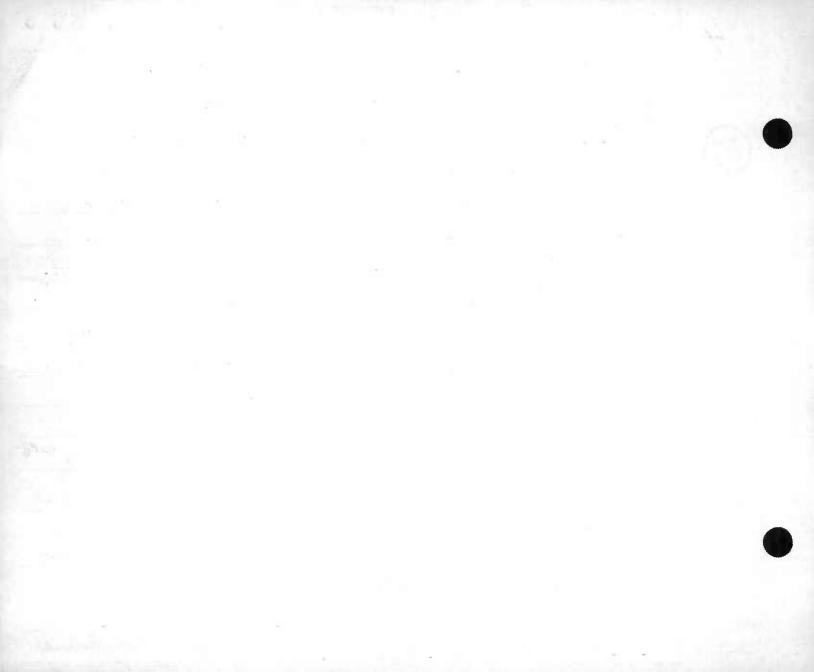
Maryland

Singleton Funeral Home

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE





FOR

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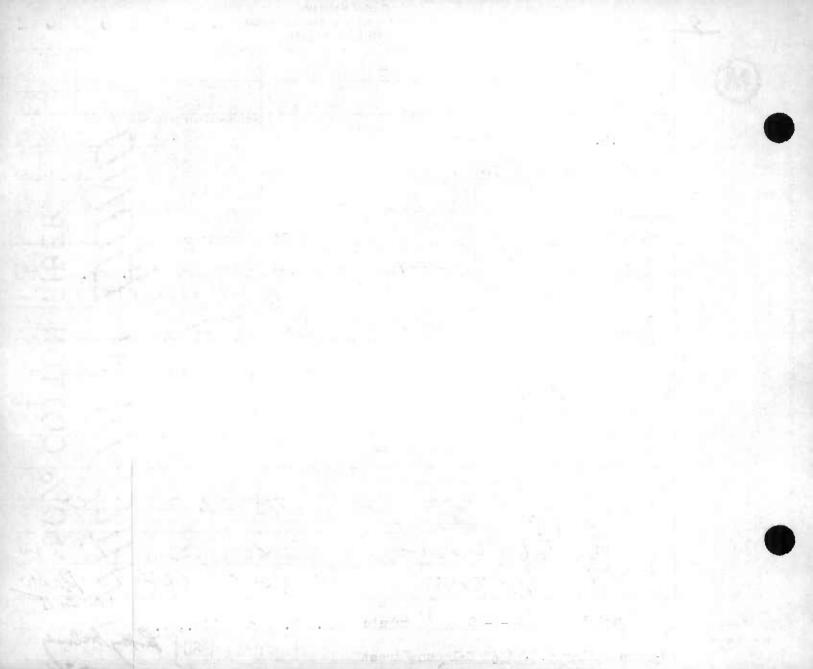
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15(4))

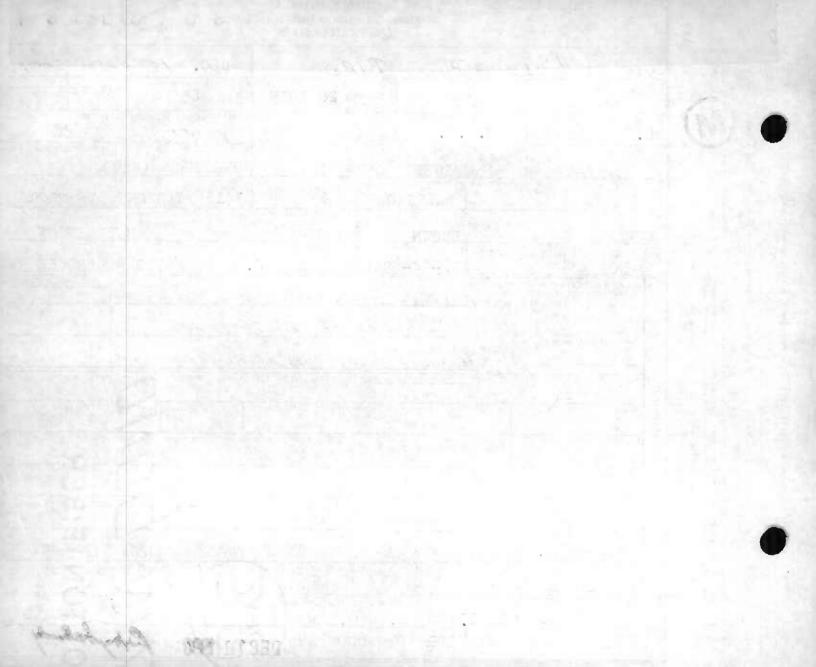
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Ouy	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR W	VHICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA
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e low requires that then no. no. so been signed by the permit. Then please remained to the permit of the permit		CERTIFICATION	PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 11/20, 11/26, 12/4	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	20g AUTOPSY?	20b. IF YES,	WERE FINDS	NGS USED S OF DEATH?
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TO HOSPITAL retained by the TO FUNERAL should be detailed by the Mith the State with the State w			220 PHYSICIAN'S NAMELITYPE	P VAL	CHEISUS	HD	220 ADDRESS		1EMORIAL	Hospi	TAL	
0 % 0 % % §			JRIAL, CREMATION, REMOVA PECIFY) Burial	12/15			EMETERY OR C		234 LOCATION CITY OF TOWN Baltime	ore	COUNTY	STATE MD.
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(VRA 15 (4))



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phy phy wen		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	loverace except ment st	APPROXIMATE INTERVAL NETWEEN ONSET AND DEATH
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OR Che			EGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	12/5/P
TO HOSPITAL (retoined by the TO FUNERAL Is should be detoined to with the Store I.		22d PHYSICIAN'S NAME (TYPE OR HIND)	22e ADDRESS Mercy Hospital, Baltimore Me	0
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70 / BP		Burial 12/9/80 Holy Re	edeemer Cem. Baltimore. M	aruland
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	NERAL DIRECTOR John A Moran, Inc. ADDRESS 3000 E. Baltimore St.	250. DATE REC'D. BY REGISTION 256. BROST PRES	SIGNATURE

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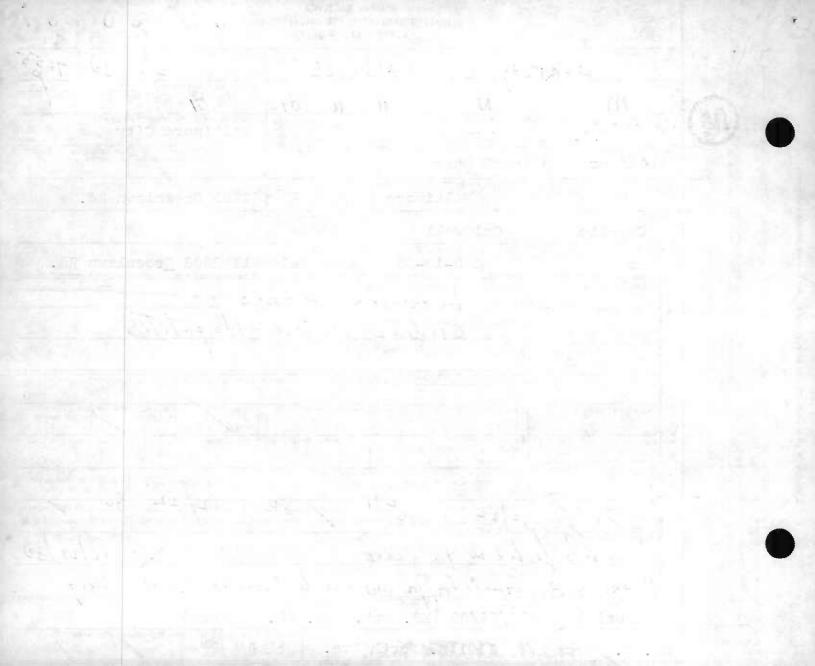
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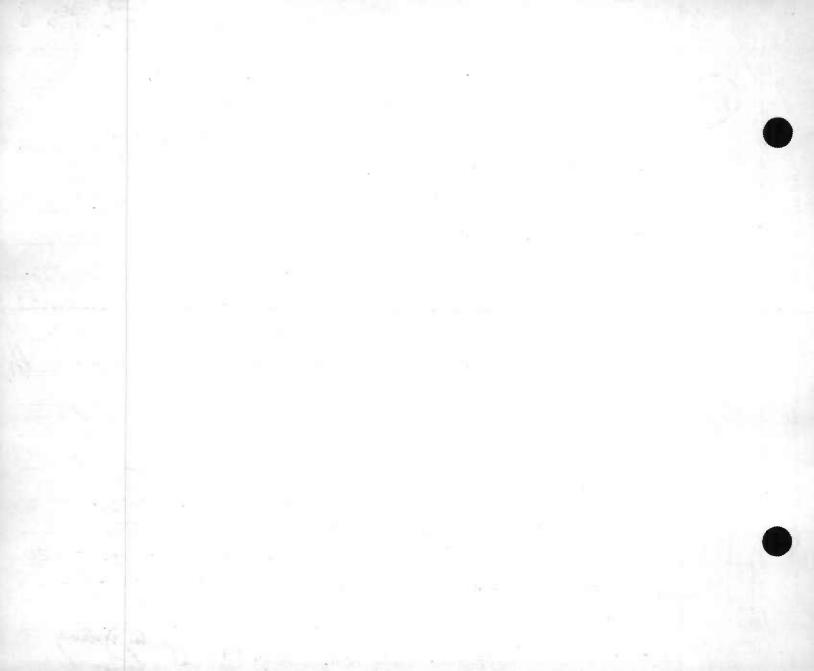
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Mitchell-Wiedefeld Home, Inc.

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with the S		MARCOS B	GALICIA &	la mo Worth	CHArles GEN.	Hosp
> =		BURIAL, CREMATION, REMOVAL SPECIFY) Burial		name of cemetery or cremator d. Nat. Mem. Pl	k. Laurel	COUNTY
I-16 25M 5, 4) 1/79		uneral director	F/H 1101 E.	North Ave.	EC 3 U 1900 REGISTRAR 256 REGIST	RADISTIGNATURE





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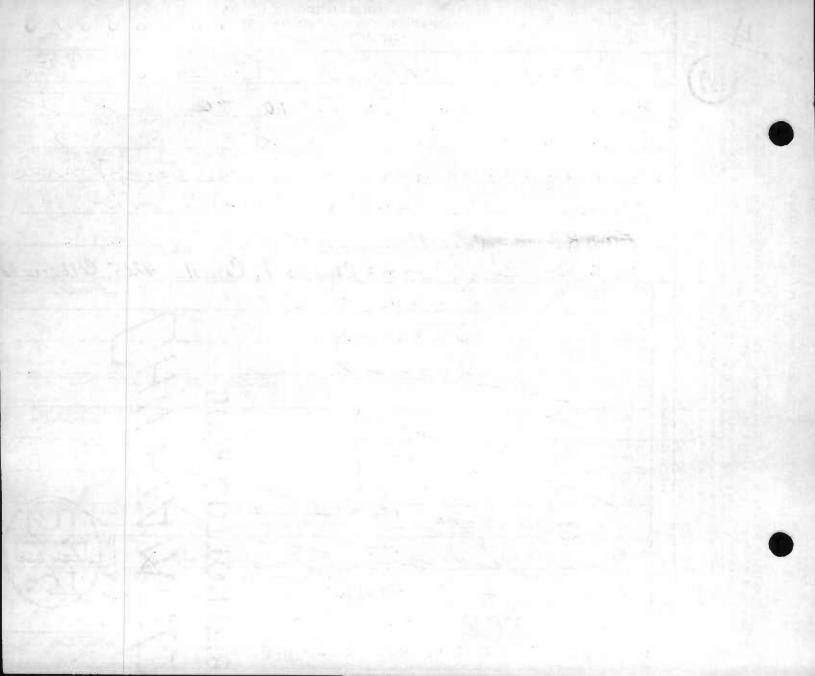
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		WAS DECEASED EVER IN			L SECURITY NO.	17 INFORMANT	ADDRESS	
2		YES, NO OR UNKNOWN) (IF YES, GIVE WAR		30-8919	Peter Ca	rdosa sam	ne as above
5	=	18 CAUSE OF DEATH	Enter only one			1 TCCCI CO	ruosa san	APPROXIMATE BETWEEN ONSET
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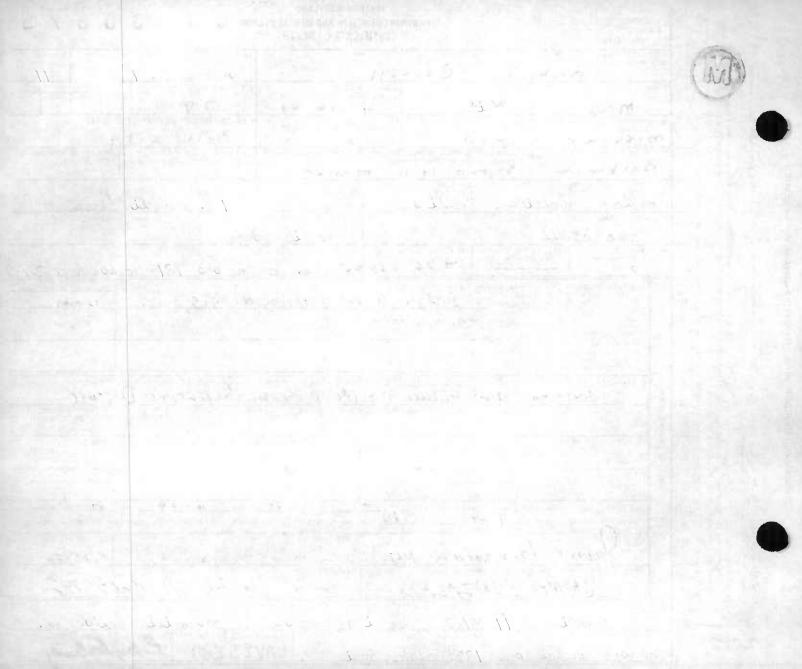
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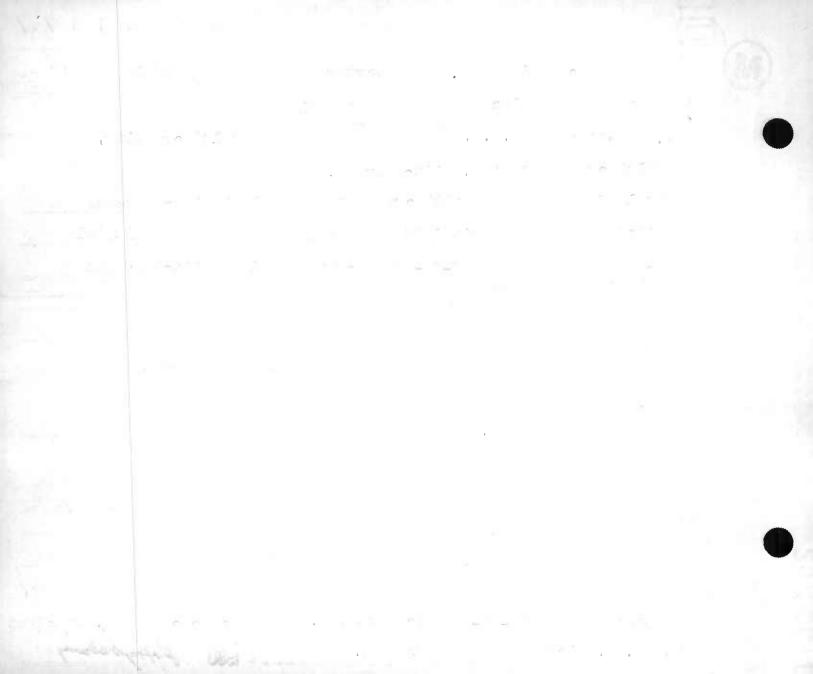
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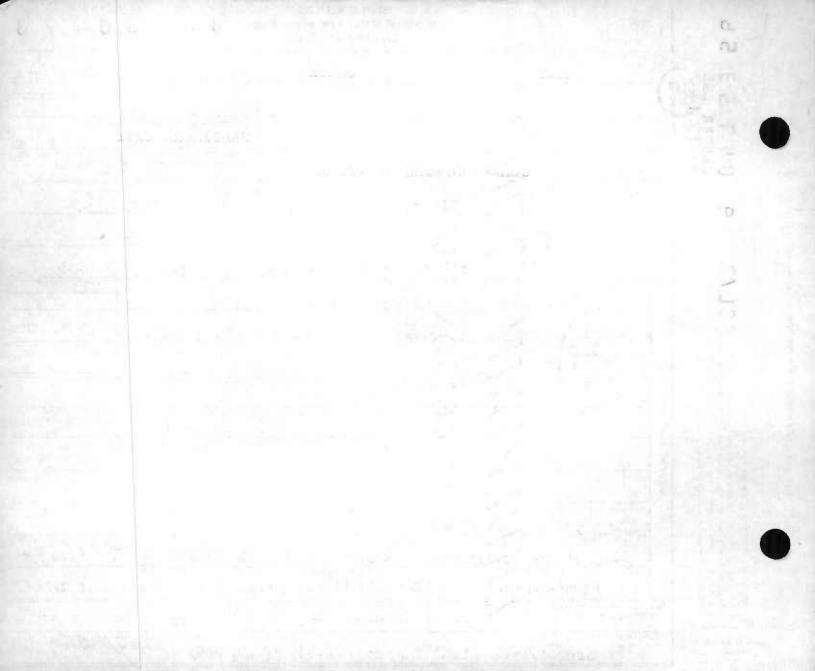
2		- [STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 3 0 8 7				
			REGISTRAR	CERTIFICATE OF DEATH REG. NO.			
	: 657		DECEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DA	Y YEAR 26. HOUR		
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	Page 19	1	a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY C	F DEATH		
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	ATTENDIN sspital or CTOR: Aft of for use o t. of Health			that, oriended the deceased north	that (I) (we) last		
	haspital haspital IRECTOR hed for u ept. of He	50	above, (I) (we) (did) (did i	on 11 - 24 19 19 10 , and that in (my) (our) opinion death accurred on the date and hour contributes the bady after death. DEGREE	22c. DATE SIGNED		
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	(VR A 15 (4))		Ambrose Funeral	Home 1328 Sulphur Spring Rd. NOV 2 5 1980	1 Mc Charly		



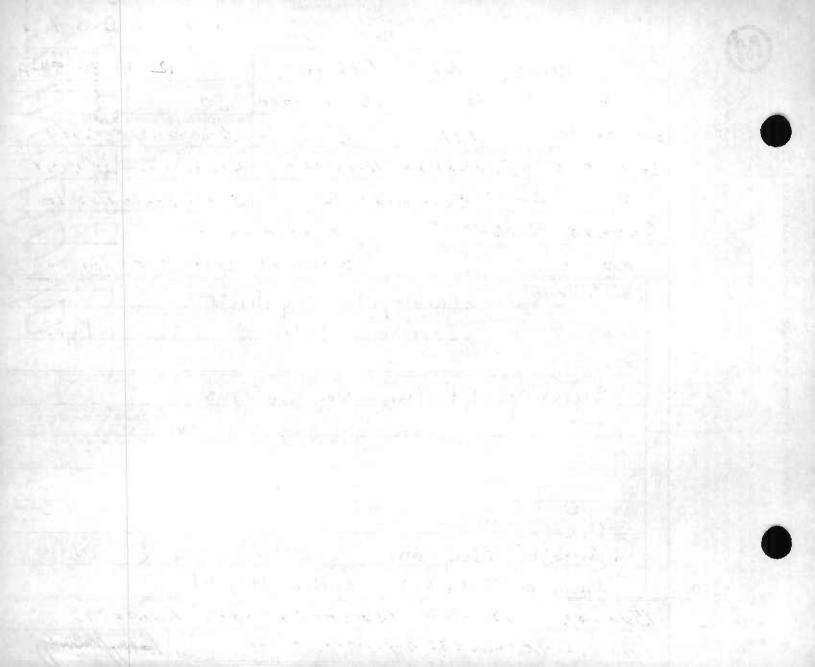
I DE	STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	0 0 0 7 0
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	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 IS BALTIMORE CITY	OR COUNTY OF DEATH
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14 F/	ATHER'S NAME	15. MOTHER'S MAIDEN NAME	g
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16n V	VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADD	PRESS SALLERAL OF
		GIVE WAR OR DAIES 218 26 7473 JUNE GRIZZE RT.	7 SHOEMAKERKANE
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse per line for (a), (b), and (c).) SED BY.	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IATE CAUSE (0) 3243 \)	2 0 Rys
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	Conditions, it ony, which gove rise to immediate	(b) URINARY WHALL INFECTION	2 Dings
	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	4
or or		10 METASTATIC SOVANOUS CELL CO	
oN Injury.	PART 2 OTHER SIGNIFICANT	T CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1101
2	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
1		DEALD.A	
9 5			4 IN CERTIFYING CAUSES OF DEATH?
Shows ony		YES NO	YES NO
CERTIFIE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	YES NO ZEATH HOUR A.M. MONTH DAY YEAR 21s. HOW INJURY OCCURRED (ENTER NATURE OF III)	YES NO
1 / /	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	YES NO TO THE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	YES NO
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9 Pical	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that (1) (this has sow the deceased alive cobove, (1) (we) (did) (did)	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
/ // -	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHEY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this has	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 217. HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 218. LOCATION STREET CITY OF 19 19 10 11 12 12 13 14 15 16 17 17 18 18 19 19 19 19 19 19 19 19	IN CERTIFYING CAUSES OF DEATH? YES NO
1 4 4	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN- 21d INJURY OCCURRED WHILE AL WORK AL WORK 220.1 certify that (1) (this has sow the deceased alive cobove, (1) (we) (did) (did.) 22b. SIGNATURE Parmulan.	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
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MEDICAL INTERIOR OF THE MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 27a. I certify that (I) (this has sow the deceased alive cobove, (I) (we) (did) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE)	216. TIME OF INJURY 19 216. HOW INJURY OCCURRED (ENTER NATURE OF IN NER) P.M. 19 211. LOCATION STREET CITY OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OF INJURY 19 19 10 10 10 10 10 10	IN CERTIFYING CAUSES OF DEATH? YES NO
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1	STATE OF MARYLAND	
100	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH	30879
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offer dea	SEX 4 RACE 8 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY YEAR)	- 11
72 hours	BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR C	
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ou ag son 13	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	, ,
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la led	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WYOM ING CARIFFIL 5	ONSHAIBICE
went, the r	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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other tro	gove rise to immediate cause tol, stating the underlying cause last	
njury, or o	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS SACVAL De cubiti Gram Neagtive SCASIB	ON GIVEN IN PART 1(0)
8 shows any injurial control of the	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
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morked or the	21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. NOT WHILE AT WORK AT WORK AT WORK CONTROL OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN	COUNTY STATE
21 is mor	220. I certify that (1) this hospital) attended the deceased fram 1217, 1980, to 211 saw the deceased alive on 1211, 1980, and that in (m) (aur) opinion death occurred an the date obove (1) (well did) (did not) view the body after death.	7 , 19 80 , that (II) we) lost and hour and from the causes stated
# Hem	Obove (1) (we) (did) (did not) view the body after death. 22) DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	226. DATE SIGNED
MPORTANT:	DAVID K. TILLEY U.D. Lutheran Hospital	
₹ 23	Las Aller of Transport Indiana	LYT SOUNTING STATE
A 1/76	FLUTERAL DIRECTOR (VI) Sand Control of Klanne (3abstess) 9, Im a 18 250. DATE REC'D. BY REGISTRAR 119 OF CITE 1080	

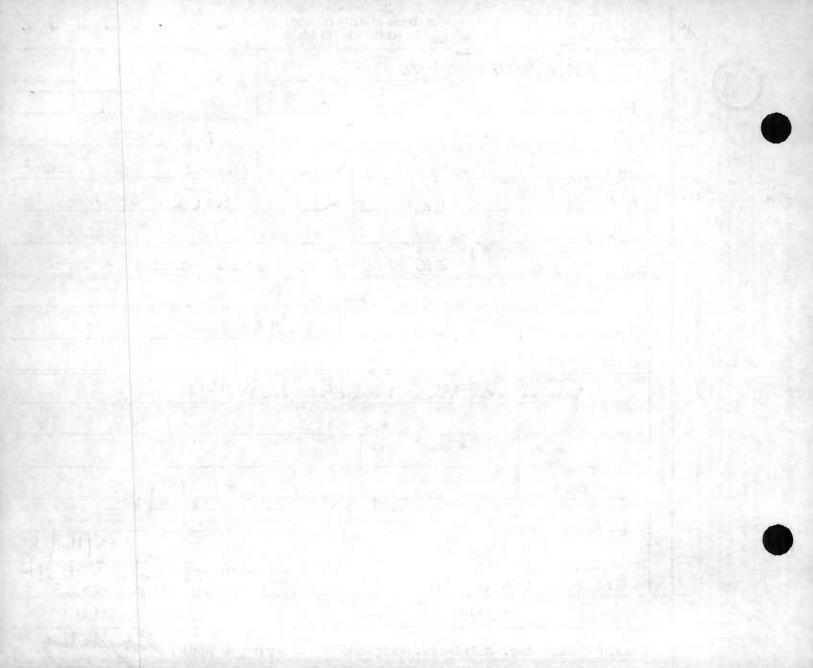


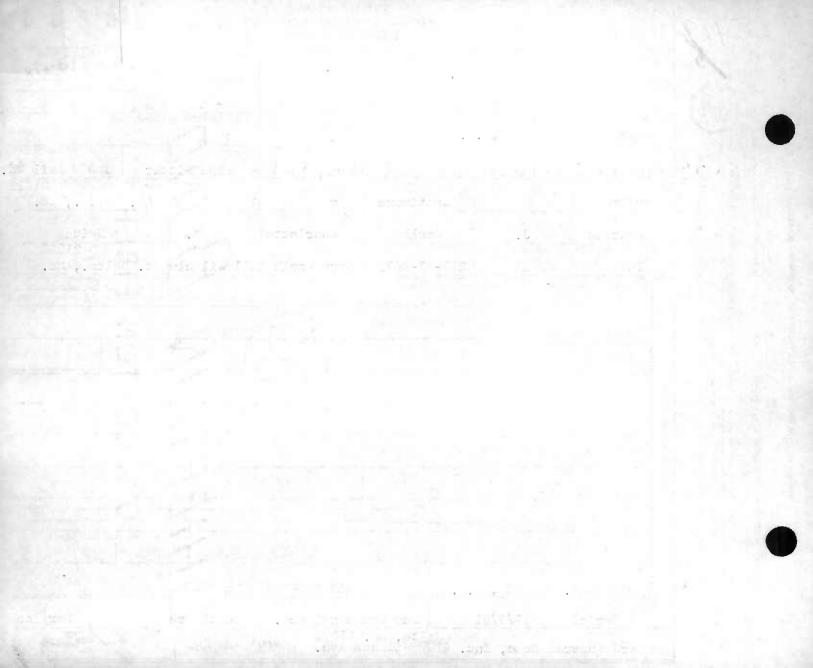
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN HINOMX (TYPE OR PRINT) ESTI-(Virgie) VIRGIREE Carter DEATH MATED 31 1080 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2PMPUR YEAR LAST BIRTHDAY) PRONOUNCED female black 22 31, 80 10 70 DEAD 1:15 7b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! USA S.C. Baltimore City WIDOWED X DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! Baltimore Lutheran Hospital TAIN P USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 130 STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY HMITS? 903 Bentalou St. MD Baltimore YES S NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Charlie Williams Julia Stokes 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS DIVISION (YES, NO. OR UNKNOWN) 250-66-1548 Creola Williams 903 Bentalou St No 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hypertensive cardiovascular disease IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF A BURIAL - TRANSIT Conditions, if ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION BE USED AS 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E, WARIEL
RWARDED TO THE CITE
REPAGE 3 SHOULD BE USED
E STATE DEPARTMENT OF H

TO THE STATE DEPA YES [] NO [710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 21d INJURY OCCURRED 218 PLACE OF INJURY LATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.1. STREET CITY OR TOWN COUNTY STATE AT WORK NOT WHILE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE S 22a. I certify that I took charge of the remains described above, held on Inspection Inquiry and in my opinion death resulted from: Homicide Undetermined monner TITLE (SPECIFY) ACTUAL 1/5/81 Assistant SIGNATURE EXAMINER'S NAME Hormez R. Guard M.D. ADDRESS 111 Penn Street Balto MD 21201 (TYPE OR PRINT) 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE MD 1/5/81 Baltimore Arbutus Memorial Burial 250. DATE REC'D. BY REGISTRAR 256. RE STORY'S SIG 24 FUNERAL DIRECTOR 1101 E. North Ave. **DHMH - 17** JAN March F/H (VR A15 ME (5)) 15M 2/80

TT. ASSES OSTRITAL

Leonard J Ruck Inc. Baltimore, Maryland





				STATE OF MAKTLAND		W10 W	4
	1.	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		3 0	8 8 4
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ato			CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY	OR COUNTY OF DEATH	
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000	10 C	TY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION DORESS)	17e USUAL OCCUPAT		OF BUSINESS OR
ts (C)	11511	AL RESIDENCE (IF NURSING HOME OR OTI	LIEB IN ICE OF LITTING A CAME BECIDENCE BECOME	V			1
35	130 3	TATE HE IST COUNTY			13. STREET ADDRESS	Leith W	alk
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the med		AS DECEASED EVER IN U.S. ARME		RITY NO. 17 INFORMANT	ADDR	ESS	
the f	1,	ES, NO OR UNKNOWN) (IF YES, GIVE W	244-52	-435 Josephi	ne Roust	pr 5703	Leith Wall
vent		IN CAUSE OF DEATH (Enter only o	ane cause per line far (a) ₄ (b), and	ICO		APPR	OXIMATE INTERVAL EN ONSET AND DEATH
tic e		PART I DEATH WAS CAUSED B		un of reci	dent		
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her		Canditians, if any, which gave rise to immediate	1b) (11/1/1)	of Junes Siles	7-7		
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y, o		underlying cause last.	(c)				
חַוֹת חוֹת		PART 2 OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO HETER	MINAL DISEASE OR CON	DITION GIVEN IN PART	1(a)
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ws an	AT	1% DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINE	DINGS USED
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m 2.		saw the deceased alive an above, (I) (we) (did) (did nat) v	riew the hady aftergreath	and that in (my) (our) opinion	n death occurred an the d	late and haur and from t	he causes stated
lte.		226 SIGNATURE	-3	DEGREE			TE SIGNED
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3 =	23o E	URIAL, CREMATION, REMOVAL	-9-407	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR FOWN	COUNTY	STATE
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16 25M	24. FI	INERAL DIRECTOR	ADDRESS	25e. DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	ATURS
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DEC19 1980 February

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Martin D. Lawson, 10W. Padonia Rd., Timoni

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DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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"Leonard J Ruck Inc. Baltimore, Maryland

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

DEC

2a. DATE OF DEATH 2b. HOUR 33 8 12 12 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR FUNDER 24 HRS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH Baltimore Citu 120 USUAL OCCUPATION 17b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 8407 Nunley Dr MIDDLE LAST Unknown Joseph Dougherty 5720 Willowton Ave APPROXIMATE INTERVAL 30 vui 5 mi 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO CITY OR TOWN COUNTY STATE and that in (my) (our) apinian death accurred an the date and haur and from the causes stated 22c DATE SIGNED STAFF DIRECTOR PHYSICIAN HUSPITAZ SAMARITAN) STATE Cockeysville 250. DATE REC'D, BY REGISTRAR 25b, REGISTRAF

REG. NO

FOR

REGISTRAR

L DECEASED NAME

- STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR

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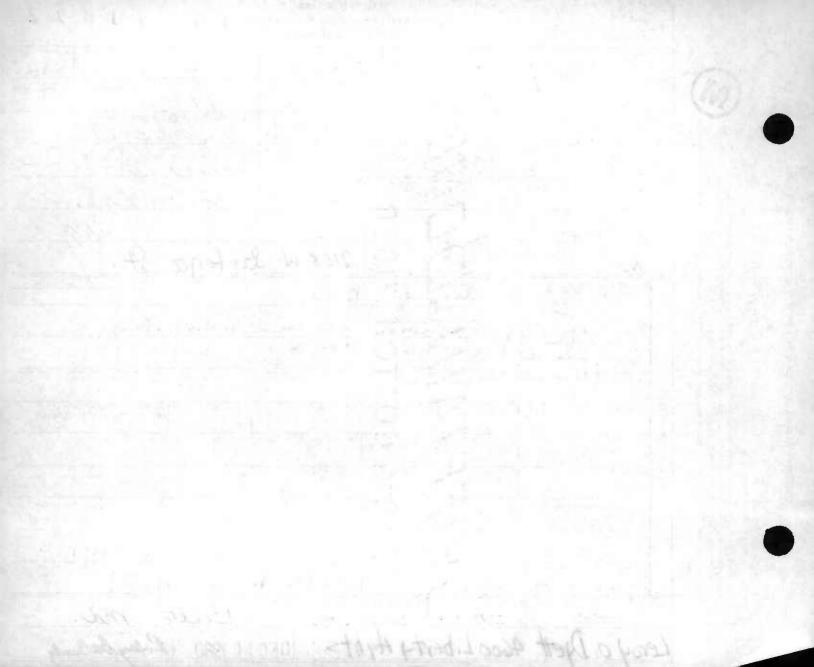
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12-20-60

2	1 -	STATE REGISTRAR	DEPARTI	CERTIFICATE OF DEATH	REG. N	JO.	2 4 A
0		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
		Plessi	Le M.	Clark		12 18	80 1:501
W)	1 SE	Fenole	4 RACE White	5. DATE OF BIRTH MONTH DAY YEAR 12 10 92	6 AGE (IN YEARS LAST BIR	RTHDAY] IF UNDE	DAYS HOURS MIN
7 8		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY		ATH
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\$30	Î4 FA	ATHERS NAME FIRST	Thomas Thomas		AME		LAST
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an, c	7	Canditions, if any, which	DUE TO, OR AS A CONSECU	ENCE OF			
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shaws ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERI IN CERTIFYING (E FINDINGS USED CAUSES OF DEATH?
, se -	1 🖀	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUI			
Mental Hygi		OR CONTRIBUTING CAUSE OF DEA					
= /	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	21f LOCATION			
marked ar Item 18	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TO	IWN COL	UNTY STATE
nark		AT WORK — AT WORK —		13/17	7 121	10 .2	0
I IS		sow the deceased olive on	tal) ottended the deceased from_	80 and that in (my) (our) opinion	death occurred on the	date and hour and f	rom the courses stated
E 2		obove, (I) (we) (did) (did no	t) view the body offer death.		dominación de an me e		
ote Dep		226. SIGNATURE Had	Cerk MD	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF	13/18/80
with the State		224 PHYSICIAN'S NAME (TYPE O	Cook M	O 22e ADDRESS Bak	time City	Hospite	
5 3 ≧	23e E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	V STATE
		Burial	12/20/1980	Oak Lawn			re Marylan
1/75	24. F	UNERAL DIRECTOR Duda-		250. DA	TE REC'D. BY REGISTRA		
1/73	7	922 Wise Aver	Ruck, Inc. Ropasss nue Dundalk,	MD. 21222 LEC		prograps	Menny
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		FOR DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO	SIENE 8 0 3	0 8 9 2
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	3. SE	Marke Blook	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24 H
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by the tilled with	10. C	Y OR TOWN OF DEATH 11: NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK BOR MOST OF WORKING LIFE	126. KIND OF BUSINESS
filled in bould be fi	USU 13a.	L RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE TATE) 136. COUNTY 137. CITY OR TOWN	E ADMISSIONI 13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	boa St.
A 2 sh	14. F	THER'S NAME INKNOWN MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	ABec
n ond compl		(AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECUES, NOORUNKNOWN) (IF YES, GIVE WAR OR DATES)	URITY NO. 17 INFORMANT	Park LOS CH	- 61699
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the contraction of the		Conditions if any which	ENCEOF and Chusi	ni Obstradie Pul	am
of the sy the se rema		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	Halma		
equires the signed k Then plea to burial,	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
nas beer ne permit.	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED //ING CAUSES OF DEATH?
ding physicio is certificate buvial-tronsit Mentol Hygie or fem 18 sho		OK CONTRIBUTING CAUSE OF DEATH	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.)	21f. LOCATION	CITY OF TOWN	COUNTY STAT
DING Provident the costhe althord marked o	2	WHILE AT WORK AT WORK	01	12/18	Co
		220.1 certify that (I) (this hospital) ottended the dedecard from sow the deceased alive on 19	and that in (my) (our) epinion	death occurred on the date and hour	9, that (1) (we)
OR ATTEN The haspital DIRECTOR, ached far up Dept. of He f frem 21 is	1	obove, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE	DEGREE	acom occarred on the dote one noor	22c. DATE SIGNED
the Direction		Winter bugh William	MA ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12/8/80
HOSPII ined br FUNER uld be h the St		22d PHYSICIAN'S NAME (TYPE OR PRINT) WHITE OR THE STEP OR THE STE	220. ADDRESS	beans Hopit	2
of of of Mary	23a.	URIAL, CREMATION, REMOVAL 236, DATE 23c.	NAME OF CEMETERY OR CREMATORY	234 LOCATION	COUNTY STAT
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DHMH-16 30M 2/80 (VRA 15, 4)	124	INERAL DIRECTOR DIPH 4/00 Libappy	J Hahts DE	TE REC'D. BY REGISTRAR 256. REGISTR	RAR'S SIGNATURE



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1	IO. CITY OR TOWN		11. NAME OF HOS	PITAL, NUR	SING HOME, O			120. USUAL OCC	Ltimore	PE OF WORK	12b. KIND OF B	MD.
	D-1+:		(IF NOT IN SUCH FA	CILITY, GIVE STE	REET ADDRESS)			FOR MOST OF W	ORKING LIFE)		OR INDUS	
1	Balti USUAL RESIDENCE	(IF IN NURSING HOME	1018 F	VE RESIDENCE B	EFORE ADMISSION)			Disab				
T	30. STATE M	13b. COUN	ITY	Bal	DR TOWN		INSIDE CITY LIMITS?	11010 0	RESS ethune	Roa	a.d	
ŧ	4. FATHER'S NAM						MOTHER'S MAIL					
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ħ	60. WAS DECEASE	DEVER IN U.S. AR	MED FORCES?		AL SECURITY N		INFORMANT		ADDRESS	S		
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AL CREMATION, OR REMOVAL.	47	92 immedia			EQUENCE OF	Cal	UTUVASC	mar misea	ise			
		ns, if any, which										
		ise to immediate) stating the <u>under-</u>		AS A CONS	EQUENCE OF							
	lying co	use lost.	(c)									
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			rol couses X	Г		Autopsy L	, Inspecti			nd in my opi	nion	
	death result	Notus	rol couses X,	Accident L	, Suicide		Homicide	Undetermined n	nonner,			
1	ACTUAL	M	1 1	7			TITLE (SPECIFY)			DATE	10 1/ /	0.0
1	SIGNATURE	1/1/	V 3	XU		M.D.	ASSISTA	nt_MEDICALEXA	MINER	SIGNED	12-14-8	80
7	EXAMINER'S (TYPE OR PRI	NAME AT	nn M. Dixo	n. M	D.		111	Penn St.				
7					ME OF CEMET	ADD	WE33					
1	Burial	TION, REMOVAL 2	12-19-80		Aubur			23d LOCATION CITY OR TOWN Baltim	070	COUNT	Md ^s	STATE
1	4. FUNERAL DIREC		12-19-00	TATE.	Aubur	псе		REC'D. BY REGISTR		ISTRAR'S SK	- 4	
	NAME	77	ADDRESS	012 11	7 D-14	CJ	DEA	2 2 1980	Rich	1	R.D.	
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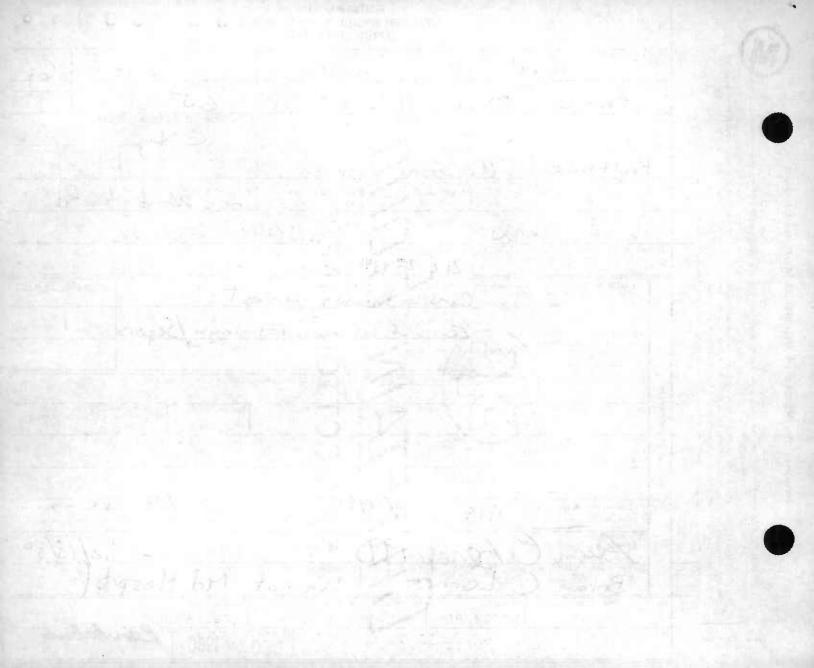
	1 -	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 0	3 0	8	9 4
nay be page 3 sr death		Clyt	TELLY Durr	SEVA Bac		CLYBUR MS	rtrev-341via	20 DATE OF DEATH	MONTH DAY	80 5	HOUR 53 pm
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ould be	13a S	AL RESIDENCE (IF NURS TATE RYLAND	HI COUN	OTHER INSTITUTION	GIVE RESIDENCE BEF 13c CITY OR TO Lexingo	NW	13d Inside City Limits? Yes 🛣 NO 🗌	13€ STREET ADDRESS	Chinlee	Drive	
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NH - 16 50M 1/76 (VR A 15 (4))		INERAL DIRECTOR NAME insfield F	unera		ADDRESS		Maryland 250 G	F.C. 1 8 4 1 3 8 0 4	25b. DEGISTRAR	SIGNATURE	1

Control Contro

STATE OF MARYLAND

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(M) 31		CEASED NAME FIRST	zel V Coates 20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
Page 4 may director. Put hours offered	3 SE			NDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.
e funeral di within 72 ho	A	IRTHPLACE (STATE OR FOREIGN COUNTRY) amaba	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF WIDOWED DIVORCED	MD
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BALTIMORE, MARYLAND cote be executed within 24 systion and completely filler opers. Pages I and 2 should val. tt, the medical examiner mus			ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS GIVE WAR OR DATES) 212 27 134 Carl Coates 1000 Woodingto	on Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAL NG PHYSICIAN. The law requires that the death certificate outlending physicion. When this certificate has been signed by the attending physicis sthe buriol-transit permit. Then please remove carbon paper th and Mental Hygiene prior to buriol, cremation, or remaval. orked or them 18 shows ony injury, or other troumatic event, the	z	Conditions, if ony, which gove rise to immediate cause IoI, stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) Fevers of Uknown Ethology Sepsis DUE TO, OR AS A CONSEQUENCE OF (c) (c) (T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1(o)
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TO HOSPITA retained by TO FUNERA should be de with the Stot IMPORTANT	230.	Brian, BURIAL, CREMATION, REMOVE	al 1336 DATE 1236 NAME OF CEMETERY OF CREMATORY 1236 LOCATION	Pel .
7944BP	m	Burial		DUNTY STATE MD
DHMH-16 30M 2/80		UNERAL DIRECTOR	Jarch Funer 1101mE. North AVE DATE REC'D. BY REGISTRAR 256 TESS OF	S / No College



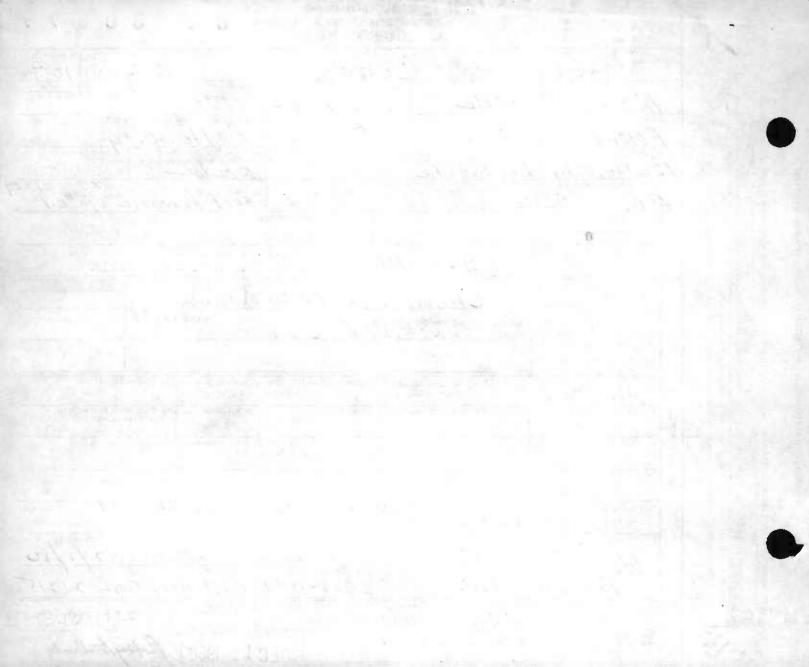
STATE OF MARYLAND

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urs offer o	3 SE	Male	4 RACE Whit	e	Nove		6. AGE (IN YEARS LAST BIRT	HDAY) IF UN		DER 24 HRS
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ows on	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDINGS USI CAUSES OF DEA NO	ATH?
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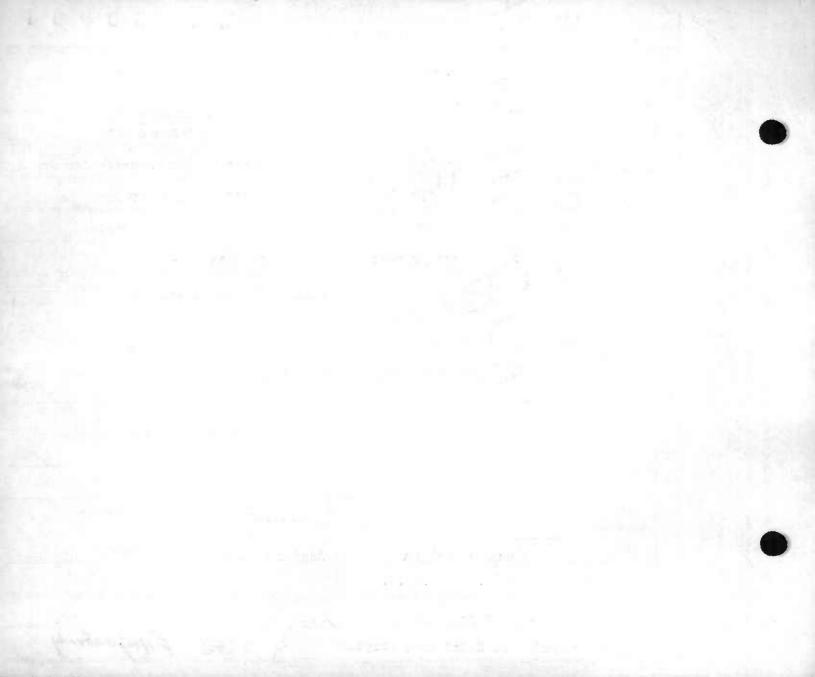
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10	1.	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 0	3 0	8 9
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	70. B	IRTHPLACE ISTATE OR FOREIGN 7	CITIZEN OF WHAT COUNT	MARRIE WIDOWE	NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEAT	'Н
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d de la	USU 130	AL RESIDENCE (IF NURSING TO OR O	OTHER INSTITUTION, GIVE RESIDENCE BY BALTIM	OWN	131. INSIDE CITY LIMITS? YES [XXX NO [X]	130 STREET ADDRESS	marie a	ZIP 21
A A A A	14. F.	ATHER'S NAME	DALITER DALITER	JKL	15. MOTHER'S MAIDEN NA	1 /00	11104 10 0	1 6.1
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v requires that the in signed by the at hen please remove to burial, cremati ny injury, or other	NO	gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSE		NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PAI	RT 1(0)
cian. cian. cian. ficate has bee not permit. Thygiene prior in 18 shows ar	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN CERTIFYING CALLYES	INDINGS USED USES OF DEATH?
SHC Nysin Nysin Sert Tra Ital		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PAI	RT 2)
NG and arke	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	vn count	Y STATE
or a OR:		22a.) certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did not)	12/2	10	d that in (my) (our) opinion	death occurred on the d	19 5 ate and hour and from	, that (I) (we) I in the couses stated
POS PER		228. SIGNATURE	nd		DEGREE ATTENDING PHYSICIAN S	MEDICAL STA	FF /.	2/2/80
TO HOSPITAL retained by the RTO FUNERAL Should be detach with the State DIMPORTANT: 1		224. PLY SMANI'S NAME (TYPE ORT	PRINT) 2W-W/N		CEVINA	E GERMA	EZCM	-21212
BP	230	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	236. DATE 12/4/80		EMETERY OR CREMATORY YESHURUN	23d LOCATION CITY OR TOWN	COUNTY	MARYLÄÑD
DHMH-16 25M		1114114	EVINSON & BROS		25e. DA	TE REC'D. BY REGISTRAN	236 RECUTRAR'S SIC	MATURE
(VRA 15, 4) 1/79	60	10 REISTERSTOWN	RD. BALTO	MD 2	1215 DE	C 1 1 1980	11/2/2/11	



- 1		FOR STATE REGISTRAR					MENT OF	HEALTI	MARYLAND H AND MENTAL I CERTIFICATE (REG.	3 NO.	0	<i>i</i> 0	Q
		CEASED NAME PE OR PRINT)	JAME	d		MIDDLE		_	IAST DESDEE		OF	KNOWN ESTI-			_	26. HOUR
	SE.	X I	4 RACE	S. DATE OF	BIRTH		6 AGE (IN YE		COLBERT NDER 1 YR. TIF UNDER	24 HDS	DEATH 2c DATE	MATED	MON	.2 3		,
9	l n	ale	negro	MONTH 2	2	YEAR 28	LAST BIRTHO				PRONOUN	NCED		2 3		IO:5
3	, EC	IRTHPLACE (ST DREIGH COUNTRY)	Va.	76. CITIZEN	OF WHA	T COUNT	RY?	8. MARR	RIED NEVER MARR	SIED X	9. BALTIM		_			AAC
33		Baltimo	re	Chur	ch H	OSPI	tal		HER INSTITUTION	12e. USU	ALOCCU	PATION		ORK 12b K	CIND OF BU OR INDUST	JSINESS RY
5	13a S	AL RESIDENCE (TATE Md.	18 IN NURSING HOME	OR OTHER INSTITU	ITION, GIVE	13c. CITY (OR TOWN	ON)	13d. INSIDE CITY LIMITS? YES X NO	130. STRE	22 B	ss ooker	Ct.			
0		ATHER'S NAME FIRST Bernard		MIDDLE		Colb	ert		15. MOTHER'S MAID Hettie		M	MDDLE	Gree	n	LAST	
1	16a. \	VAS DECEASED ES, NO, OR UNKNOW NO	EVER IN U.S. AF	RMED FORCES E WAR OR DATES)	?		al securit -24-98		Joseph Co	lbert	: 68	ADDRE B 11 E		leado	ws Rd	
		18 CAUSE OF PART I DE	DEATH (Enter of ATH WAS CAUSE IMMEDIA	ED BY: ATE CAUSE (0)	M	etast	ond (c).) tatic		inoma of m	outh				BE	APPROXIMAT TWEEN ONSE	E INTERVAL T AND DEATH
RIAL, CREMATION, OR REMOVAL.	NO	gove rise couse (o) lying cous		(b) DUE 1	O, OR AS		EOUENCE		SE OR CONDITION GIVEN IN PA	ART 1 a						
C I C I C I	CERTIFICATION	19a DATE OF	OPERATION	19b. C	ONDITIO	N FOR W	HICH OPER	M NOITA	VAS PERFORMED?					20.	AUTOPSY'	NO K
3	CAL CERT	21a EXTERNAL UNDERLYING CONTRIBUTIN		HOU	IME OF IN JR A.M. A P.M.		DAY YEAR	21c. H	OW INJURY OCCURRE	D (ENTER N.	ATURE OF INJ	JURY IN ITEM	18 PART 1 O	R PART 2)	163	NO EE
	MEDICAL	216 INJURY OF WHILE AT WORK		21e P	LACE OF EET, FACTOR	INJURY Y, FARM, ETC	(AT HOME,		CATION		CITY OR TO	wn		COUNTY		STATE
BALTIMORE, MARYLAND, 21201		22a I certify death resulte ACTUAL SIGNATURE _	that I took chara	ge of the remo	7	ped obove		Autop	Sy Inmerio Hemicide Interpretation Assistan	Undete	Inquiry		ond in my		2-4-8	0
ALTIMO	722.00	EXAMINER'S N TYPE OR PRIN	t) Ann	n M. Di	xon,	M.D.				Penn	A CONTRACTOR OF THE PARTY OF TH					
s	(5	Burial		12/8/8	30				or CREMATORY 1 Pk.	Be	CATION 11tim		œ.,	Md.	0 .	K16
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01	-	FOR			DEPART	STAT		ARYLANI		GIENE	19	2	0	Q	a	1
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RECTOR. P. PHESS P. PHES. P. HOUR V. STREET,	3. SEX			5 DATE OF BIRTH		6. AGE (IN YEA	RS IF UN	IDER 1 YR.	IF UNDER 24		DATE		MONTH	DAY	YEAR	141+048
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IS NECESSAR FE FUNERAL PE 5 FOR YO ED, WITHIN I W. PREST	1	REIGN COUNTRY)	8	USA			WIDOW		DIVORCED		Balti	more	City	3		MD.
TON ST., BALTIMORE, MD. 21201 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSA TIEM IB. GIVE PAGES 1, 2, AND 310 THE FUNERAL, LONG WITH FORM PM 3. RETAIN PAGE 5 FOR Y THERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN GIENE, DIVISION OF VITAL RECORDS, 201 WL. PREST		TY OR TOWN OF DEA Baltimore	TH	11. NAME OF HOS		RSING HOME		ER INSTITUTI	ION I	POR MOST	OCCUPATION OF WORKING OWNER	ON (TYPE O	urit:	OR IND	OF BUS NDUSTR Undr	Υ
ANN ANN AND SECOND SECO	USU/	L RESIDENCE (IF IN NUE					ON)	l								
AND 3	130. 5	Md.	13b. COUNT	Υ	Bal	e timore		134. INSIDE CIT	NO [3112	ADDRESS Brend	lan A	Venue	е		
GES 1, 2, M PM 3. AND 2 SH	14. FA	THER'S NAME						15. MOTHER	R'S MAIDEN						.,	
2888800		Stephen		CO	le	LAST		Emi	ma		MIDDLE		Ste	in LAS	21	
S S S S S S S S S S S S S S S S S S S		VAS DECEASED EVER	IN U.S. ARM			CIAL SECURITY		17. INFORM	ANT		A	DDRESS				
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MI. P		18 CAUSE OF DEATH	H (Enter only	y one cause per line	for (o), (b), ond (c).)						-		APPRI BETWEE	OXIMATE I	INTERVAL AND DEATH
FEM 1B. G DNG WIT ERMIT. P. IENE, DIN		PART I DEATH W	IMMEDIATI	E CAUSE (0)		ensive				c Car	diovas	scula	r			
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF RITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1, 2, RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3, 32 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SE DEPARIMENT OF HALTH AND MENTAL HYGIENE, DIVISION OF VITAL OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.		4027		(WXXXXX	XXXX	XXXXXXXXXX	MX D	isease	2							
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# 17				e of the remains de			Autap	-		-	nquiry		in my opi	nion		
H, WITH THE SI MARYLAND, S		death resulted fram	Nature	ol couses LX	Accident	L, Sui	cide	, Hamicio		Undeterm	ned monne					
ĭ,§		ACTUAL SIGNATURE		Myama	Pl	Jala_		,	istant	MEDIC:	EVALUET		DATE	1	12/3	/80
AFTER DEATH, WITH THE BALTIMORE, MARYLAN		SIGNATURE		. (7		.D 11001					SIGNED		/-	
FERD		EXAMINER'S NAME (TYPE OR PRINT)	Virg	inia L.	Dolan	, M.D.		ADDRESS		111 P	enn S	treet	t			
AFT BAL	23a.B	URIAL CREMATION R	EMOVAL 23	Bb. DATE	23c.	NAME OF CEA	AETERY C		RY	23d. LOCA	TION					
	. (:	Burial		Dec.6,198		st Holy				Balt	imore		COUN		id.	TE.
		UNERAL DIRECTOR						2.	5a. DATE RE			Sh. REGIST	TRAR'S S			
)		Leonard C	J Ruck	Inc. Ba	ltimo	ore, Ma	rylai	nd	DEC	4 198	W I	frost	rayer	10-07/00	7	
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	S NECESSARY, PLEASE FEUNERAL DIRECTOR E 5 FOR YOUR FILESS D, WITHIN 72 HOURS I W, PRESTON STREET	3. SE	X	I. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR	IF UN	DER TYR. IF	UNDER 24 HRS	. 2c DATE		MONTH	13 1980 DAY YEAR	2d HOUR 5:49
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	NECESSARY, -UNERAL DIR 5 FOR YOUR MITHIN 72	FI	OREIGN COUNTRY)	ATE OR	76. CITIZEN OF WI	HAT COUN	TRY?	. MARRII	ED NEVER	MARRIED	9. BALTIMOR	E CITY OR	COUNT	Y OF DEATH	
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	EATH. IF ANY DELAY IS NE FS. 1, 2, AND 3 TO THE FUND 2 SHOULD BE FILED, M. P. FYITAL (PECORDS, 201 W.		Baltimor	e	1420	Marli	neer address)		ER INSTITUTIO	FO FO	SUAL OCCUPAT R MOST OF WORKING Housew	G LIFE)	OF WORK	OR INDUS	TRY
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DIVIS	THIS CERTIFICATE SHOULD E "WARDED TO THE CHIEF ME PAGE 3 SHOULD BE USED A TATE DEPARTMENT OF HEA 21201 PRIOR TO SURFALL OF	MEDICAL	216 INJURY OF WHILE AT WORK	CCURRED NOT WHILE AT WORK	21e PLACE (OF INJURY TORY, FARM, ET			CATION		CITY OR TOWN		cou	UNTY	STATE
	TO MEDICAL EXAMINER: THIS CEL EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3. AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		22a. I certify		ge af the remains des	cribed aba		Autaps	sy , In	spectian X,	Inquiry C		in my ap	inian	
	EXAA CERTI JID B DIRE WITH AARY			MAA	No	×			TITLE (SPEC	CIFY)					
	AHA SAL		ACTUAL SIGNATURE_	AW	1 X			м.	D Assis	stant ME	DICAL EXAMIN	ER	SIGNE	<u> 12-13-8</u>	0
	MEDIA ECUTE GE 4 S FUNE TTER DE	1	EXAMINER'S N	Ani	n M. Dixor	, M.E).		ADDRESS	111 Per	nn St.				
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	DHMH - 17 (VR A15 ME (5))	-	NAME		neral Home	2818	Ralas	d A		DEC 17	1980	profes	7/7	The state of	
	15M 2/80	A	• Wrieni r	GIUD FU	HOLOT HOM	S DOTE	OTAL	14 1+V	Ç. 1	M347		-		> /	

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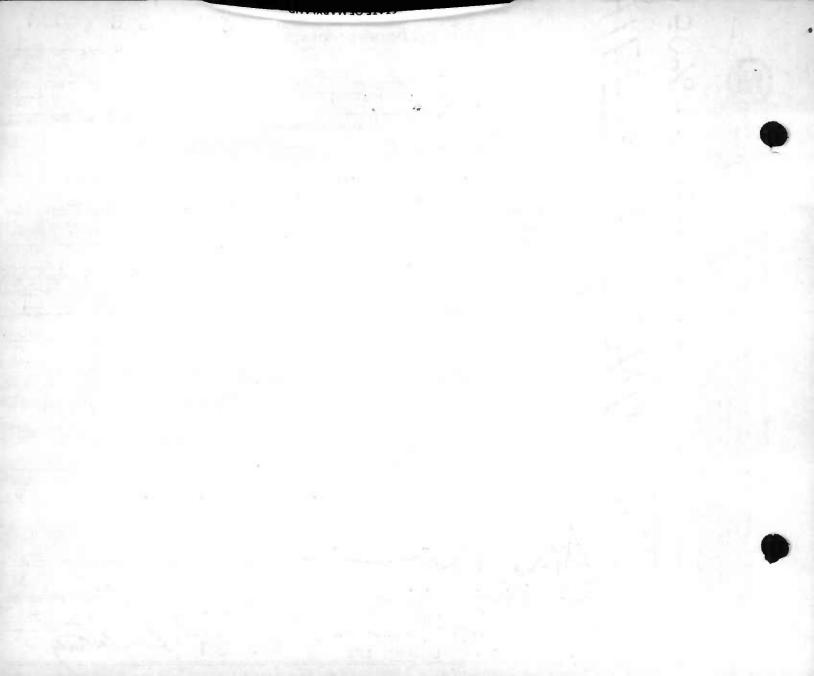
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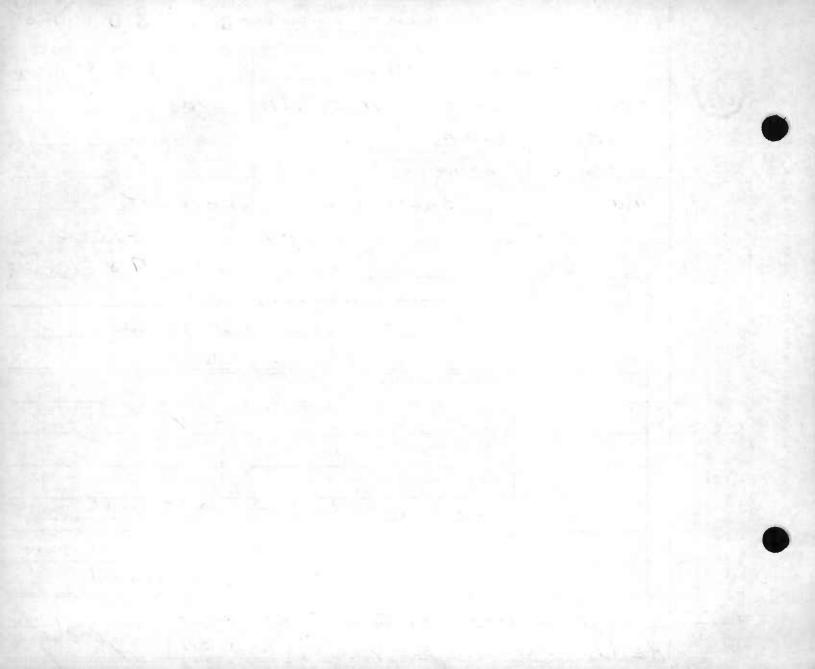
Surial 12/17/60 Orgion Mine Community Dairings, Narylann

A. Alan Selts Funcral home Fill Folend -ve. Lat.

XL	1.	FOR STATE			DEPARTMENT C	F HEALTI	AND MENTAL I	13	3	0	9 1	0 4
		REGISTRAR		ME		NER'S	CERTIFICATE	OF DEATH	REG. NO			
	1. D	CEASED NAME PE OR PRINT)	FIRST		MIDDLE		LAST	20. DATE	(NOWN X	MONTH	DAY	YEAR 26. HOUR
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5 # # # 5 V		ITY OR TOWN OF D	EATH	11. NAME OF HOS	PITAL, NURSING HO	ME, OR OTH	ER INSTITUTION	120 USUAL OCCUP	ATION (TYPE	OF WORK	176 KIND	OF BUSINESS DUSTRY
DELAY IS NE 110 THE FUI N PAGE 5 10 BE FILED. POS, 201 W.	7	Baltimor	e	2230 W.	,	- /	(street)	FOR MOST OF WOR	(ING LIFE)		ORINI	JUSIKI
- O-UK	USU	AL RESIDENCE (IF IN I	136 COUN	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADM	(55ION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRE	r.c		-	
AND ANY PETAL	7	ryland	130 00014		Baltimo	re	YES E NO		Faye	ette	Str	eet
E, MD. 2 ATH. IF A PM. 3. R MD 2 SH VITAL R		ATHER'S NAME		WIDDLE			15. MOTHER'S MAID	EN NAME				
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120 WER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY CATE. WRITING THE WORD." PENDING" IN PENCII IN ITEM 18. GIVE PAGES 1, 2, AND FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA OR: PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT. PAGES 1 AND 2 SHOUL THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECONDS, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		YES, NO, OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	214-72-	-8888	Johnnie	Sue Col	P 2'	332	WF	ayette
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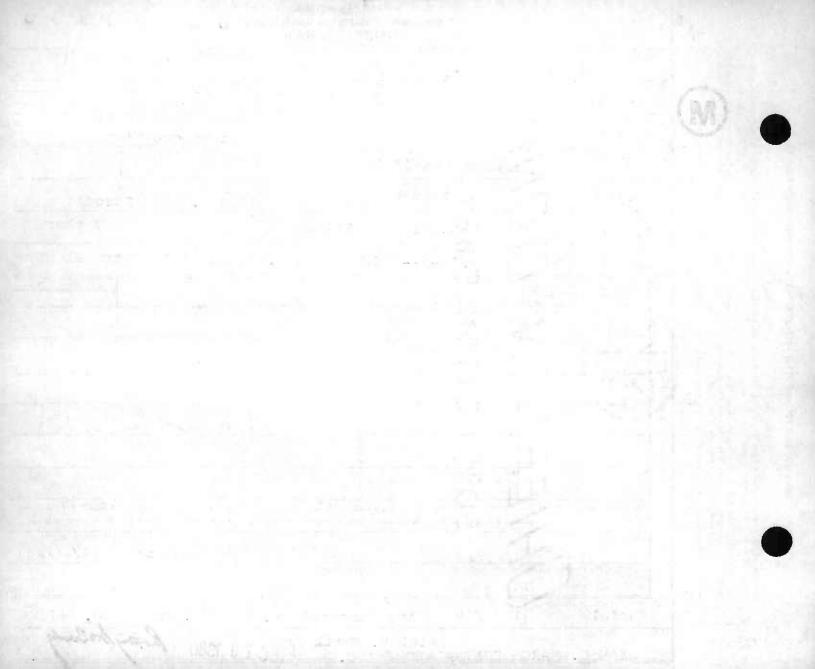


	1	STATE OF MARYLAND
10	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 3 0 9 0 5 STATE REGISTRAR CERTIFICATE OF DEATH
Y) DEC	REG. NO. CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
9 m 4 1		Emmerline Coleman 12 8 80 11:30 AM
à l'il	3 SEX	X 4 RACE S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HIRS
- (M)	1	MONTH DAY YEAR MONTHS DAYS HOURS MIN
a boo	7a BI	RTHPLACE STATE OFF OREIGN 76 CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OF COUNTY OF DEATH
oth.		OUNTRY) 1/2 MARRIED NEVER MARRIED
d de de	10 CI	MD. WIDOWED DIVORCED WAS A STATE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 KIND OF BUSINESS OR
office of the	1	Baltimore Baltimore Lity Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
hours hours be file	PUSU	AL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION!
ND 24 h 24 h 24 h 24 h	130 5	Md. 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 130 STREET ADDRESS BALTO YES & NO BAYLIS ST.
YLA thun thun thun	14. FA	NTHER'S NAME IS MOTHER'S MAIDEN NAME
MARYLAND ed within 24 mpletely filled and 2 should excome vms		FIRST UNK. SUSAN MIDDLE GREEN
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BALTIMORE. cote be executed by section and complets. Pages you.	()	VAS DECEASED EVER IN U. S. ARMED FORCES? 100 SOCIAL SECURITY NO. 117 INFORMANT ADDRESS 48. AND SOCIAL SECURITY ADDRESS 48.
ALTII	H	18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and ic
		PART I. DEATH WAS CAUSED BY.
N ST., certifi ing ph rbonp r remo		IMMEDIATE CAUSE (0) Carato - [Without 17 17 1951
STO eath trend re co an, o		Conditions, if ony, which (b) DUE TO. OR AS A CONSEQUENCE OF Least Failure
PRESTON he death co he attendin emove cork motion, or r froumotic		gove rise to immediate couse to stating the DUETO OR AS A CONSEQUENCE OF
W. by the by the size re		underlying couse lost. Due 10, OK AS A CONSEQUENCE OF Primonally edema
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The law requires th ottending physician. After this certificate has been signed to sthe burial-transit permit. Then plea th and Mental Hygiene prior to burial, and an order them 18 shows any injury, or a		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/61
RDS, equii n sig Ther r to b	NO	
bee bee	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
he le	IE	YES NO YES NO
I OF VITA I CLAN: T g physici g physici rial-transi	Ü	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OCCUMPNIBILITIES OF DEATH HOUR A.M. MONTH DAY YEAR
SICIA ng ph certification of the mile of t	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
HYS ndin his o	MEDICAL	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
JVIS AG P offer ter t hon hon rked	>	WHILE NOT WHILE AT WORK
		220.1 certify that (I) (this haspital) attended the deceased from 7-17, 19-80, to 12-8, 19-80, that (I) (we) lost
ATTEND spital a CTOR: A for use an 21 is m		sow the deceased alive an 12-8, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (we) (did) (did not) view the body after death.
ho ho		226. SIGNATURE DEGREE 221. DATE SIGNED
AL O The Carlo		R. Chen- (an m D ATTENDING MEDICAL STAFF 12-80
SPIII d b ineR		22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS
TO HOSPITAL (retained by the TO FUNERAL I should be deto with the State [IMPORTANT: If		R. CHEN-TAN Baltimore City Hospital
O = = +3 ≥ +	23a. E	BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE
((O O BP		BURIAL 12-12-80 MT. CALVARY BALTO. Mol.
DHMH - 16 60M 1/75	24 FL	UNERAL DIRECTOR ADDRESS BALTO, Md. 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SANA RE ADDRESS DEC. 1980
(VR A 15 (4))	K	Edd FUNERAL Home 5209 VORE Rd DECT 5 1980



		- STATE REGISTRAR		CERT	TIFICATE OF DEATH	REG. NO.	VIII - T
the state of		CEASED NAME FIRST	D D	41	LAST	20. DATE OF DEATH MONTH	5 80 2b.
	SE	x Female	Black		E OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 53	MONTHS DAYS HO
M	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHUSA	MAR	RIED A NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
	10 C	ITY OR TOWN OF DEATH			E OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	17b. KIND OF BU
3	13a.	AL RESIDENCE (IF NURSING HOME O STATE aryland		RESIDENCE BEFORE ADMISSION E	13d. INSIDE CITY LIMITS? YES X NO []	13e STREET ADDRESS 1654 E. 25th	Street
ex all		ather's NAME larence	WIDDLE	Martin	Elizabeth		Taylo
medical	160 \	NAS DECEASED EVER IN U.S. AI VES NO OR UNKNOWN) (1F YES, GI		b. SOCIAL SECURITY NO 215-22-224	17 INFORMANT 10 Rosaria E.	James 1911	Eutaw Pl
emove carb motion, ar r troumatic		Conditions, if any, which gave rise to immediate) (6)	allehelle	empris	· reputir fails	ar .
prior to burial, crem	CATION	gave rise to immediate couse (a), stating the underlying cause last.	(c)CONDITIONS <u>CON</u>	IS A CONSEQUENCE OF	BUT NOT RELATED TO THE TER		F YES, WERE FINDINGS
rmit. Then please rer priar to burial, crem any injury, ar ather	AL CERTIFICATION	gave rise to immediate cause Ia), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	CONDITIONS CON 19b. CONDITIC 21b. TIME OF II HOUR A.M.	TRIBUTING TO DEATH B ON FOR WHICH OPERAT NJURY MONTH DAY YEA	SUT NOT RELATED TO THE TER TION WAS PERFORMED 21c. HOW INJURY OCCU	20a AUTOPSY? 20b. IF	FYES, WERE FINDINGS RTIFYING CAUSES OF YES \(\)
burial-transit permit. Then please rer Mental Hygiene prior to burial, crem or Item 18 shaws any injury, or other	MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	CONDITIONS CON 19b. CONDITIC 19b. TIME OF II HOUR A.M. (R) P.M. 21b PLACE OF	TRIBUTING TO DEATH B DN FOR WHICH OPERAT NJURY MONTH DAY YEA	TION WAS PERFORMED 21c. HOW INJURY OCCU 211. LOCATION	20a AUTOPSY? 20b. INCE	FYES, WERE FINDINGS RTIFYING CAUSES OF YES \(\)
ourial-transit permit. Then please rer Mental Hygiene prior to burial, crem ir Item 18 shaws any injury, ar ather		gave rise to immediate cause Ia), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE LIFETIMER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	CONDITIONS CON 19b. CONDITIC 19b.	TRIBUTING TO DEATH B ON FOR WHICH OPERAT NJURY MONTH DAY YEA INJURY FACTORY, OFFICE, FARM, ETC.) deceased from	TION WAS PERFORMED 21c. HOW INJURY OCCU 21l. LOCATION STREET	200 AUTOPSY? 200 IF	FYES, WERE FINDINGS ERTIFYING CAUSES OF YES
e detached for use as the burial-transit permit. Then please rer State Dept. of Health and Mental Hygiene prior to burial, crem .NT: If Item 21 is marked or Item 18 shaws any injury, or other		gave rise to immediate cause job, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 27a. I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (digh) (did in above, (II) (we) (digh) (did in above, (II	CONDITIONS CON 19b. CONDITION 21b. TIME OF II HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREET. at) view the body aft	TRIBUTING TO DEATH B ON FOR WHICH OPERAT NJURY MONTH DAY YEA INJURY FACTORY, OFFICE, FARM, ETC.) deceased from	TION WAS PERFORMED 21c. HOW INJURY OCCU 21l. LOCATION STREET , and that in (my) (aur) opinio DEGREE ATTENDING	200 AUTOPSY? 200 IF	FYES, WERE FINDINGS ERTIFYING CAUSES OF YES No. 18. PART 1 OR PART 2) COUNTY 19 1, 19 1, that hour and Irom the county
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STATE OF MARYLAND



BY REGISTRAR 25b. REGISMAR'S SIGNATURE

24. FUNERAL DIRECTOR

NAME

HUBBARD FUNERAL HOME 4107 WILKENS AVE.

DHMH-16 30M 2/80

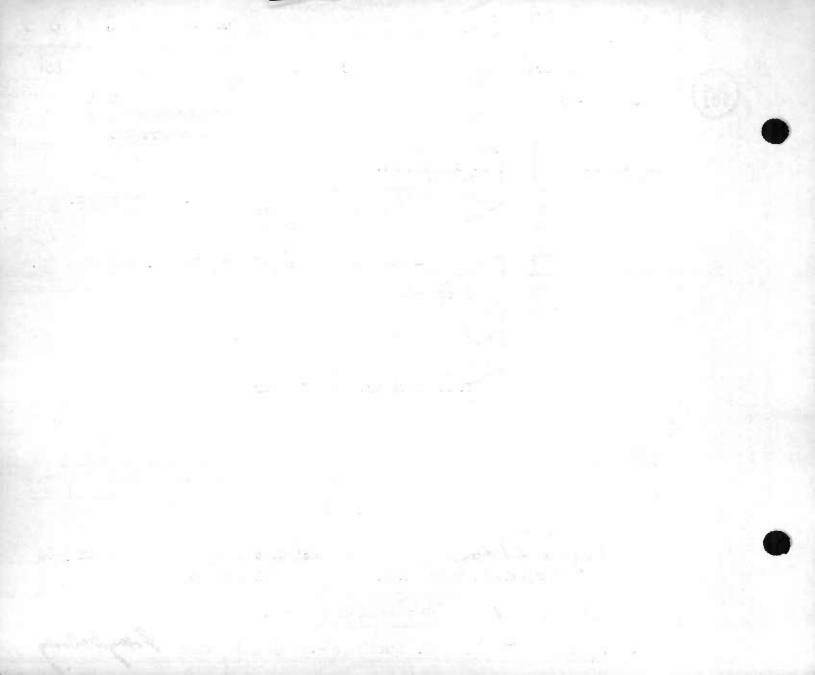
(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1,	FOR		DEPART	STATE OF MENT OF HEALT	MARYLAND H AND MENTAL	HYGIENE?	-3 /	7 9 17	13
1 1	1-	STATE REGISTRAR		MEDICAL	G. NO.	, , ,				
W 02 -		CEASED NAME PE OR PRINT)	icky	Dean	Co1	eman	20 DATE KNOW OF ESTI- DEATH MATE	N 🔀 MONTH □ 12	26 19 80	2b. HOUR
	3. SE		S. DAT	E OF BIRTH	6. AGE (IN YEARS IF U	NDER 1 YR. IF UND	ER 24 HRS. 2c. DATE PRONOUNCED	MONTH	DAY YEAR	34 HOUR 3:50
	7 a. B	ale Whi		T. 17, 1958	VIDV2		9. BALTIMORE CI	12	25 1980	Рм
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D. 21201 L. IF ANY DELAY IS NE. 2, AND 3 TO THE FU. 3 R FEILID PAGE 5 SHOULD BE FILED AL RECORDS. 201	3	Baltimore	Un	iversity H	ospital	HER INSTITUTION	12a USUAL OCCUPATION FOR MOST OF WORKING LIFE LN STALLE)	CARPE	RY
21201 RETAIN RETAINS		AL RESIDENCE (IF IN MURSIN STATE	COUNTY SINCE GE	NSTITUTION, GIVE RESIDENCE	EBEFORE ADMISSION) YOR TOWN UREL	13d INSIDE CITY LIMITS?				
RE, MD.	14. F	ATHER'S NAME	MIDDLE		LAST	15. MOTHER'S MAI	MIDDLE		LAST	
TIMORE FTER DEA FORM F SES 1 AN	16a. \	CHESTER WAS DECEASED EVER IN	U.S. ARMED FO	RCES? 16b. SO	CIAL SECURITY NO.	17 INFORMANT	MOTHER), ADD	RESS 524	TUDSON I WIND REIM	JIA ST.
S A GIV	· ·	No	YES, GIVE WAR OR D	23.	3-94-8588	MRS, GL	ENNA H. COLEM	AN MY		.VA.
2 DE SER!		18. CAUSE OF DEATH (PART I DEATH WAS	CAUSED BY:	Gunshot	Wound of	Head (1	Unspecified)		APPROXIMATE BETWEEN ONSE	
101 W. PRESTON TED WITHIN 24 IN TED WITHIN 24 IN XAMINER ALON AL TRANSIT PEF MENTAL HYGIEI N, OR REMOVA		Conditions, if any	MEDIATE CAUS	DUE TO, OR AS A CO						
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UTED IN PE EXAM		lying couse lost.		(c)	NSEGIOENCE OF					
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AL REC	CERTIFICATION	19a DATE OF OPERATIO	DN I	196 CONDITION FOR	WHICH OPERATION V	WAS PERFORMED?			20 AUTOPSY	7
F VITAL I	RTIFF	210 EXTERNAL CAUSE	WAS	71h TIME OF IN HIDY	121. 1	OW IN HIRV OCCUP	RED LENTER NATURE OF INJURY IN ITE		YES 🕵	NO 🗆
PN OF FICATE THE WOOLD BOULD BORTOB		UNDERLYING DOR	JSE OF DEATH	HOUR AND MONTH		ubject sho		M 18 PART I OR PA	ARI 2)	
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WAN WAN STAT		AT WORK AT WOR	K S	Street	Tr	ailer Park	, Rts. 198 &17	75, Ann	e Arunde	1, Md
EXAMINER: CERTIFICATE ULD BE FOR I, DIRECTOR: I, WITH THE S MARYLAND,		22a I certify that I too death resulted fram-	k charge of the	remains described aboves		psy X, Inspect	nan	and in my o	pinian	
EXAM CERTII DIREC WITH		ACTUAL //	4	200	CI, Solide C	TITLE (SPECIFY)		_1,		
FRAL ERAL PRE, A	-	SIGNATURE VUI	ma o	notan	/	M.D. Assista	MEDICAL EXAMINER	SIGN	ED 12/27/8	30
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND.	4	EXAMINER'S NAME (TYPE OR PRINT)	Virgin	ia L. Dola	n, M.D.	_ADDRESS	111	Penn S	treet	
P A A A A A A A A A A A A A A A A A A A	23a. E	URIAL, CREMATION, REM SPECIFY) BURIHL	OVAL 73b. DATE	131/80 131	HESTER CO	DR CREMATORY LEMHNCE	23d. LOCATION CITY OR TOWN	COU		ATE
BP	24 F	UNERAL DIRECTOR E	DAKNES		2101	8 25a. DAT	E REC'D. BY REGISTRAR 250	REGISTRARS		n.
(VR A15 ME (5))		FLEMINGF	UNERAL	SERVICE	BENSON,	MD, DEC?	1980	hicket	/	

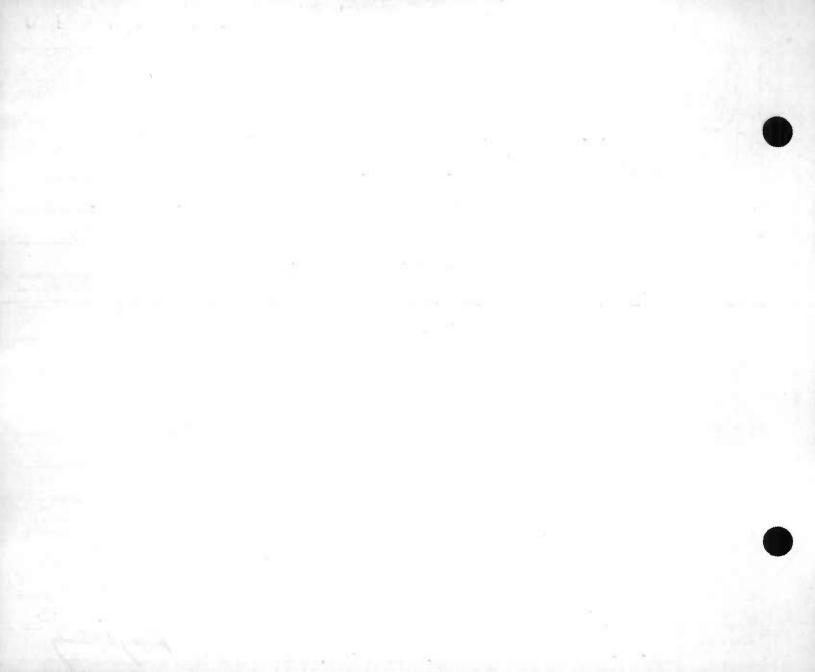
8	FOR STATE REGISTRAR			DEPARTMENT OF	HEALTH		AL HYGIEN	AYLI	3 EG. NO.	9 (9
28 MED	1. DECEASED NA (TYPE OR PRINT)	Rober	rt	WIDDLE	C	oleman		28. DATE KNOW OF EST DEATH MAT	I		
	male	1. RACE negro	S. DATE OF BIRTH	2°5 6. AGE (IN			RS MIN	PRONOUNCED DEAD	12	2 2 19 8	30 12:02
NECESS SUNERA S FOR S PREE	7a. BIRTHPLACE FOREIGN COUNTR	MD (Y)		USA	WIDOW		ORCED		ore Cit	y	MD.
DO 201 V	Balti	more	303 N.	PITAL, NURSING HOA CHUTY, GIVE STREET ADDRESS Calhoun St	•	ER INSTITUTION	12a US FOR	UAL OCCUPATIO MOST OF WORKING LI	N (TYPE OF WORK	12b KIND OF OR INDU	
F ANY E AND A RETA RECORD	130. STATE MD	CE (IF IN NURSING HOME)	OR OTHER INSTITUTION, GIV 1TY	Baltimo		13d. INSIDE CITY LIM YES 🔼 NO	115? 13•. SII	03 N. C	Calhou	n St.	
ST., BALTIMORE, MD. 21201 OURS AFTER DEATH. IF ANY DRAY 18. GIVE PAGES 1, 2, AND. 1011 3. WITH FORM PM 3. RETAIN PA MIT. PAGES 1 AND 2 SHOULD BE FI E. DIVISION OF VITAL RECORDS.	Calv			leman	ITY NO	15. MOTHER'S MERST Hill	.da	MIDDLE	DRESS	Rile	У
BALTIMORE.	(YES, NO, OR UNK	Yes (IF YES, GIVE	WAR OR DATES)	218-18-				an 303			St.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., E. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, O, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	gave cause lying c	ions, if any, which rise to immediate (a) stating the <u>under</u> ause last.	TE CAUSE (a) DUE TO, OR (b) DUE TO, OR (c) CONTRIBUTING TO DEATH I	neumonia AS A CONSEQUENCE AS A CONSEQUENCE UT NOT RELATED TO THE TE atty infil	E OF	OR COMOITION GIVEN	IN PART 1 (a)				
OF VITAL REI AATE SHOULD THE WORD "PER THE CHIEF AN AMENT OF HEA TO BURRAL, C	21g EXTER	OF OPERATION NAL CAUSE WAS	21b. TIME OF	INJURY MONTH DAY YE	21c. HC			NATURE OF INJURY IN	ITEM 18 PART 1 OR (20 AUTOP YES 2	
ENANE E	CONTRIBU	TING CAUSE OF	21e PLACE C	19 PF INJURY (AT HOME, DRY, FARM, ETC.)		CATION		CITY OR TOWN	c	OUNTY	STATE
WEDICAL EXAMINER CUTE THE CERTIFICA E & SHOULD BE FO FUNERAL DIRECTAL FOR DEATH, WITH THE FIMORE, MARYLAND		E CLIGATE S NAME VII	ral causes XX. Lidolar	ribed obove, held on Accident , s).	XX, Insp Hamicide TITLE (SPECIF D. ASSIST	ant MED		and in my o	12_3_	-80
Ada To Page Page Page Page Page Page Page Page	/SDECHEVI		136 DATE 12/8/80	23c. NAME OF C Chelt		ı VA Ce	m. cm	Chelten	nam		DTATE
190/ DHMH-17 (VR A15 ME (5)) 15M 2/80	NAME	C. March	F/H 11	01 E. No	rth A	Ave.	DEC 4	Y REGISTRAR 256	Kitan	Mel.	4



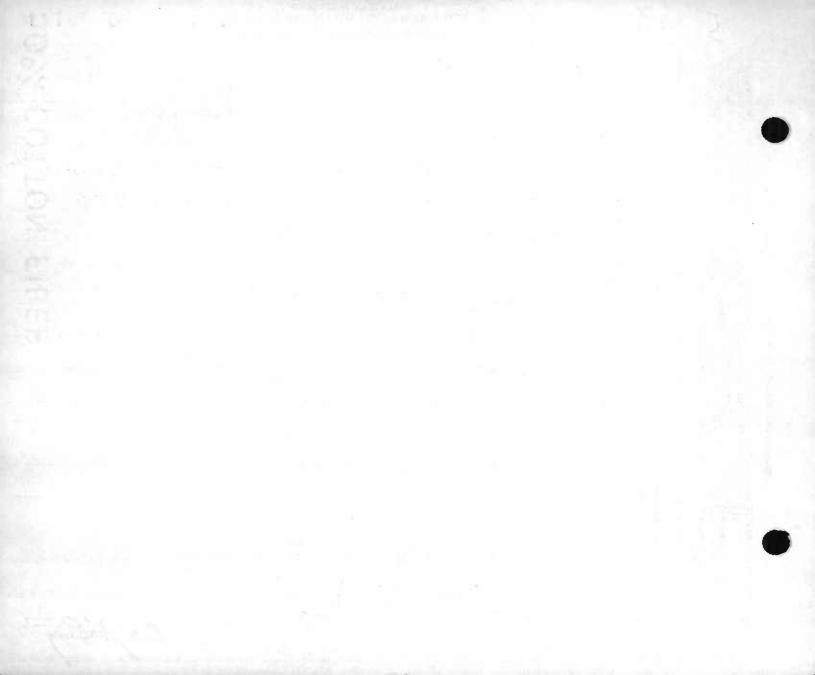
1101 E. North Ave

{VRA 15, 4} 7/78

C. March F/H

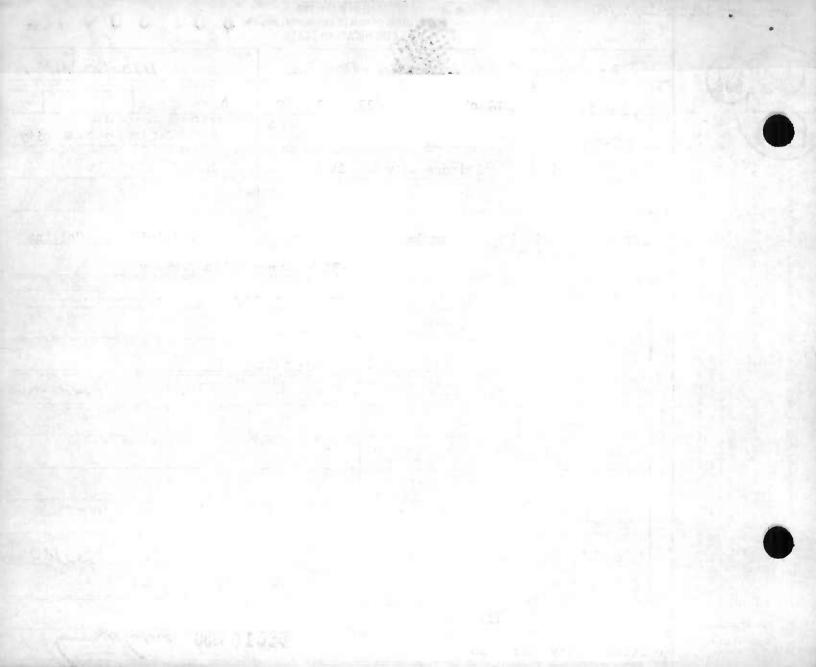


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	1.00	REGISTRAR CEASED NAME FIRST	WE	MIDDLE	AFK.2	CERTIFICATE O	WE.	G. NO.		
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	3 SE	4. RACE	5. DATE OF BIRTH	6. AGE (IN)	DAY) MON	NDER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNCED	HTMOM	DAY YEA	12:05
		le white	12-23		YRS.	, , , , , , , , , , , , , , , , , , ,	DEAD	12	16 19 8	
1	70. B	RTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	8. MARE	RIED NEVER MARRI	P. BALTIMORE C	ITY OR COUN	TY OF DEATH	
3		VIRGINIA	11.	5, A	WIDOV	WED DIVORC	ED 🗆 Balti	imore C	ity	MD.
00	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING HOA	AE, OR OTH	HER INSTITUTION	120. USUAL OCCUPATION FOR MOST OF WORKING LIFE	TYPE OF WORK	12b. KIND OF E	BUSINESS
		Baltimore	211	Church Hi	11 St		CARPENT	CH	BeTheel	yer, My
50	13e. S	AL RESIDENCE (IF IN NURSING HOME TATE 1136 COU		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
1	1	naryland .		BAITIMO	18	YES NO	211 4, 6	hunc4	H111	51,
	14. E.	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDE	NAME		LAST	
X		John W.		llieR		JAN	0	1	e Conp	01
1	160.	VAS DECEASED EVER IN U.S. A	RMED FORCES? E WAR OR DATES)	166. SOCIAL SECUR	TY NO.	17. INFORMANT		RESS		- 1
		110		226-03-9	7092	MRS. EThel	Collier 81	OI GRA	Y HAVEN	Rd
		18 CAUSE OF DEATH (Enter of	nly ane cause per line	for (a), (b), and (c).)					APPROXIM/	ATE INTERVAL
		PART I DEATH WAS CAUS	ATE CAUSE (a)	rterioscle	rotic	cardiovas	cular disease	3	BET WEET ON	JET AND DEATH
		4272		AS A CONSEQUENCE	OF					
	_	Canditians, if any, which								
		cause (a) stating the <u>under</u> lying cause last.	<	AS A CONSEQUENCE	OF					
		lying cause lost.	(c)							
	_	PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEA	SE DR CONOITIDN GIVEN IN PAI	RT I o			
	ō									
->	3	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPE	RATION V	VAS PERFORMED?			20 AUTOPS	Y?
4									YES 🗌	NO K
3	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS	21b TIME OF HOUR A.M	FINJURY A. MONTH DAY YEA	21c. H	IOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PA	ART 2)	
-	Z V	CONTRIBUTING CAUSE OF	DEATH P.M	. 19						
	AED	214 INJURY OCCURRED	21e PLACE (OF INJURY (ATHOME, TORY, FARM, ETC.)		OCATION STREET	CITY OR TOWN	cc	DUNTY	STATE
	1	WHILE NOT WHILE AT WORK		,						VIAIR
		220. I certify that I taok cho	ge of the remains des	bed abave, held of	Autop	psy , Inspection	n X. Inquiry	and in my o	pinion	
		The second secon	Fal couses X	\Box / /	vicide _	1	Undetermined manner		p	
		()		9-11		TITLE (SPECIFY)	monifer			
		ACTUAL SIGNATURE	Jugal/	Mu X	A.		ie Ledical examiner	DATE	ED12-16-	80
-	_			0				SIGN	CUMP TV	
1		(TYPE OR PRINT)	Thomas D.	Smith, M.D	•	ADDRESS 11	1 Penn St.			
	23a,B	URIAL, CREMATION, REMOVAL	23b. DATE/ /	23c. NAME OF CI		OR CREMATORY	23d LOCATION	COU	A ITV	
2	,	BURIA!	12/19/8	O Cediral	4:110	ELETERY	1312 15 incl		Minn	my d
	24 F	UNERAL DIRECTOR	ADDRESS		ir	250. DATER	REC'D. BY REGISTRAR 256.		ENA DRE	*
	C	hancles L. STe	iens Fune	ANI Horne, In	C 1,	FENTANDEC	; 1 7 1980			/
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Sent query lette	r	L2/11/80		STATE OF MARYLAND	0 0 "	0 1 0
•				MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 U S	0 9 1 2
		REGISTRAR Buth a		CERTIFICATE OF DEATH	REG. NO.	
(3)	I DE	CEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26 HOUR
7 mal 1		Baby Br-1	1 Collins/mo	ther= Cicelia	11/.	30/80 435 AN
TIMIT	3 SE		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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6 di 5 di 6	Je B	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY	OF DEATH
1 2 h		OUNTRY)		MARRIED NEVER MARRIED		
op Pring		Maryland	USA	WIDOWED DIVORCED		more cityo
fied wit		ITY OR TOWN OF DEATH	(IF NOW IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR
201 by the filed v	1	Baltimore	Baltimore C	ity Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE	
212	USU.	AL RESIDENCE (IF NUR	OTHER INSTITUTION, GIVE RESIDENCE BEFO		In average appears	
ND 24 h	1 .50.	mal.	13c CITY OR TO	YES TO NO T	3124 Gwyn	use Falls
thin hin sho	14 FA	ATHER'S NAME	LATT!	15 MOTHER'S MAIDEN NA		103 11110
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BALTIMORE, MARYLAND 21201 cote be executed within 24 hours of yaziron and completely filled in by opers. Pages 1 and 2 should be filled in the medical examine (must be no it, the medical examine (must be no		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC		ADDRESS	
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ALT sicio persol.		18 CAUSE OF DEATH Enter or	nly one chose per line for (a), (b), a	nd ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	TE CAUSE 10 EVTrer		ty	
Z S Ing		7750 IMMEDIA	The Chool to			
orth tend e co an, o		Condition of the	DUE TO, OR AS A CONSEQUE			
RE office of the	198	Conditions, if ony, which gave rise to immediate	(b) 7/C//(U	as C table		
W. PRESTON ST., the death certifi y the attending ple re remove corbang cremation, or remu ther traumotic eve		couse 10%, stating the underlying cause lost	DUE TO, OR AS A CONSEQU	JENCE OF diabete		
2011 es tho ned b pleos priot,	10		1 matei			
	z	Probable Intrac	conditions contributing to	Renal Failure,	AINAL DISEASE OF CONDITION GIV	Huspertalemi
NG PHYSICIAN: The low requires of the control of the certification. The certification of the	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED		S, WERE FINDINGS USED
REC low low serm we pre	5	THE DATE OF CITERATION		TO ENATION WAS TENIONNESS	IN CERTIF	YING CAUSES OF DEATH?
VITAL RI NN: The le hysicion. icote hos ronsit per Hygiene 18 shows	- =			In Mountain	YES NO YE	
N OF VITA		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, P	ART I OR PART 2)
SICI Ng F Cert riol frem Item	S	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19		
PHY ording d M d M	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
IVIS Offer the set the	>	WHILE NOT WHILE AT WORK	and the state of t	, , , , , , , , , , , , , , , , , , , ,		
DIN or Se o se o mo		220.1 certify that (I) (this hospi	ital) attended the deceased from.	11/23 19.80		19 80 , that (1)] we) los
TEN or of He		saw the deceased plive on	n 11/30 19	80 and that in my (our) opinion	death occurred on the date and hou	r and from the couses stated
RECLED POSP		22b. SIGNATURE	at view the body offer death.	DEGREE		22c. DATE SIGNED
OR he ho DiRE		Clier Ros	2181120	ATTENDING	MEDICAL STAFF	
MA TAIL	-	22d. PHYSICIAN'S NAME LTYPE O		PHYSICIAN [DIRECTOR PHYSICIAN	11/30/80
HOSP wined to FUNE wuld be wuld be					City Hospital	
TO HOSPITAL (retoined by the TO FUNERAL I's should be detoin with the Store I IMPORTANT; If		Eller Koy	Elias	BUCHINOR	cory Hospital	
7 9 1 3 8 8 T 8 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1	230 E	BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
~ > 1 BP	1	or a core ()	11/30/80			
DHMH - 16 50M 1/76		UNERAL DIRECTOR		NP4	TE RECOR A CROSSISTRAN	MARKET CONTRACTOR
(VR A 15 (4))	Ba	altimore City H	ospitals ADDRESS		7 0 1000	1
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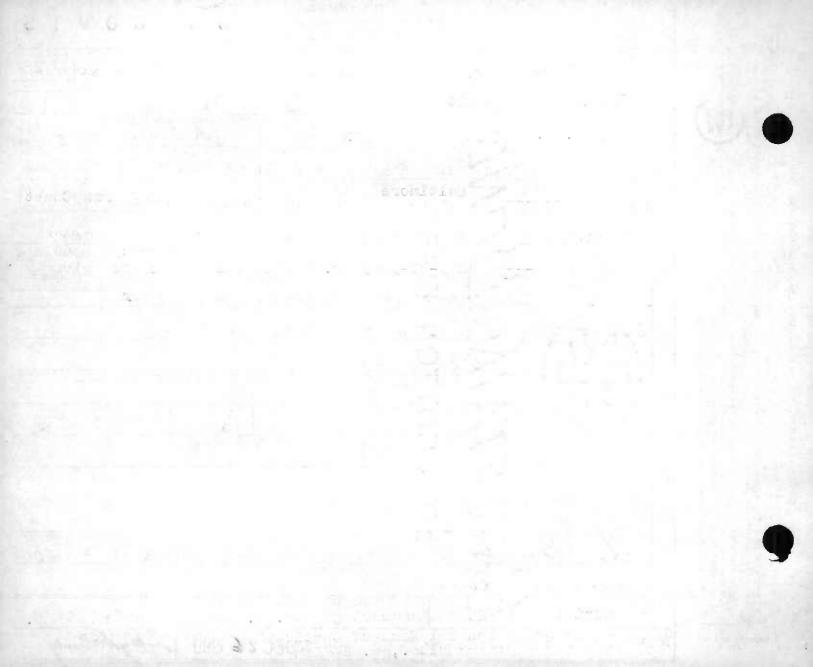
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Ψ	1	DECEASE	D NAME FIRST		MID	DLE	L	157		20 DATE OF			AY YEAR	2b. HOU	IR
ay be age 3 death		(TYPE OR PRIN	EMI	MA	C		C.	OLLINS			1	2 2	22 80	0 10:	55/M
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be execution and constitution of the second cons	1		CEASED EVER IN U.S DRUNKNOWN) (IF YE NO	S, ARMED S, GIVE WAR	OR DATEST	6 SOCIAL SECU 215 –20		Mr. R		Uhl	6220	Sho:	re Dr	andi ive	Md
equires that the death ce signed by the attending Then please remove carb to burial, cremation, ar a njury, or ather traumatic		gove caus unde	ditions, if any, which arise to immediate (a), stating the original cause lass	te } [DUE TO, OR A	S A CONSEQUE	NCE OF					DITION GIVE	N IN PART 1	l(a)	
NG PHYSICIAN: The law requir ottending physician. After this certificate has been signs the buriothrons if permit. Then the and Mental Hygiene prior to be preded or them 18 shows any injury orked or them 18 shows any injury	7	71a. /	ATE OF OPERATION		196 CONDITIO	ON FOR WHICH	OPERATION	N WAS PERFORM	NED	YES AUTO			, WERE FIND YING CAUSE		H?
YSICIAN: T ding physici s certificate ouriol-transi Mental Hygi	2	00.00	CCIDENT WAS UNDERLYING INTRIBUTING CAUSE OF ITHER, NOTIFY MEDICAL EXA	OF DEATH	21b. TIME OF I HOUR A.M. P.M.		AY YEAR	21c. HOW INJUR	RY OCCURRE	D (ENTER NA	TURE OF INJURY	Y IN ITEM 18, PA	ART I OR PART 2)		
DING PHYSIC or attending After this ce e as the burically and Mer		WHILL AT WO			PLACE OF	INJURY , FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET			CITY OR TOW	٧N	COUNTY	5	STATE
TEN outal TOR: or us of He		SI	certify that (I) (this base the deceased alive base, (I) (we) (did) (did)	e on 12/	22 16:	15 P.4 19	12/2	d that in (my) (au	17	to 12	d an the da	te and havr	and from th	, that (I) (v ne causes sta	,
AL OR the ho AL DIRE tetacher the Deptite			IGNATURE /	lon	who				ENDING YSICIAN	MEDICAL DIRECTOR	STAFI PHYSICI		22c. DAT	E SIGNED	80
(O HOSPITAL retained by the TO FUNERAL should be det with the State		22d. ₱	ALEXANI			SENKO	KA!	27e ADDRESS							Bo
15 BP		(SPECIFY	Durtar	VAL 23	12/26			METERY OR CRE	em.Pk	Doi	sey		county Ward	M	id.
DHMH-16 30M 2/80 (VRA 15, 4)		420 B		Cull	y Fun Avenu		ome o	f Curt 21226	DEC	2 6 19	80	Rich	yhel	TURE	



				STATE OF MARYLAND		
-100,	1.	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	3091
(1)		CEASED NAME FIRST OR PRINT) JOHN	A Ruth	COLLINS	20. DATE OF DEATH MONTH	18 80 UNK
ouce.	3 SE	F	PLACE	5 DATE OF BIRTH MONTH DAY YEAR OO	6. AGE (IN YEARS LAST BIRTHDAY) PO YRS	
death. P	C	UNK	N CITIZEN OF WHAT COUNTRY	WIDOWED DIVORCED	BALTO	ITY OF DEATH
by the full led within		BAUTO	3013 SOOT	Iding AUE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) 176 KIND OF BUSINESS
thin 24 ho	130	AL RESIDENCE (IF NURSING HOME OR OF TATE 13) TO OUT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CIEY OR TO PARENCE DEPORT OF TO PARENCE DEPORT	YES DE NO -	130 STREET ADDRESS	chell LANG
ecuted will and 2 should be seen to and 2 should be seed to a should be seen to a shou	(harles	DDIE HAY	15. MOTHER'S MAIDEN NA	MIDDLE	BROWN
The me must be the me must be me must be must		VAS DÉCEÁSED EVER IN U.S. ARA VES, NO OR UNKNOWN] (IF YES, GIVE Y	AED FORCES? 166 SOCIAL SEC	- 3860 Lucille	annihell, B	alto Md
es that the death certified by the attending phys ase remove carbon pape al, cremation, or remove, y, or other traumatic ev		PART I. DEATH WAS CAUSED	y one cause per line far (a), (b), a) BY. C CAUSE (a). DUE TO, OR AS A CONSEON (b). DUE TO, OR AS A CONSEON	MYOCAROIA I JENCE OF Hypertennian, Coro	NFARCTION many Cutery dise	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 3 HOURS
V: The law require. Ite has been signed permit. Then plet permit. Then plet signe prior to buring a shows any injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	nours cular	DEATH BUT NOT RELATED TO THE TERM DISCRETE HOPERATION WAS PERFORMED	20a AUTOPSY? 20b IF	GIVEN IN PART 1(0) YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES \(\text{NO} \)
ING PHYSICIAN ending physician. frer this certificat the burial-transit pand Mental Hygi arked or Item 18	MEDICAL CES	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 218. INJURY OCCURRED WHILE NOTHER NOTHER	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	19 21f LOCATION	RED (ENTER NATURE OF INJURY IN ITEM	(8, PART T OR PART 2) COUNTY STATE
hospital or att hospital or att DIRECTOR: A hed for use as i bept. of Health		22e.1 certify that (I) (this hospite sow the deceased alive an above, (I) (we) (did) (did-not) 22b. SIGNATURE	12 15 19	DEGREE ATTENDING	death occurred on the date and I	19 that (I) (we) hour and from the causes state:
TO HOSPITAL retained by the TO FUNERAL should be detac with the State E IMPORTANT:			1116	170 ADDRESS LA	NIEN AUE, 1	BALTO, MO
	0.2 - 1	SURIAL CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	

01100000 a Participant of the second 2013 Sparithery Alex Demostre Part The My Finder Aberdeed & 15H Mitchell Lake Charles Mycol Epinh PPROUNT 120 - 28-07-360 Les 1/2 Conglett Balt MI 13 22 80 CHICAL MARK COURT PART START HORISON THE Person Comment of the property of the second of the

Journal resolutions 35 3 (e) With the state of the careet. LEE LANGERS ! DE -PROPERTY OF THE PROPERTY OF TH 1001. Andrews F. S. S. S. S. S. Lot L. C. L. C.

			STATE U	MAKTLAND		702 40 11	0 65
1	FOR STATE REGISTRAR	DE		TH AND MENTAL HY		3 0 9	1 6
	DECEASED NAME FIRST	MIDDLE	LAST	3 13 20 20 20	REG. NO. 2a. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
Z (T)	YPE OR PRINT) MARY		COLLISON		DECEMBER	25,1980	
3 5	SEX PLANT	4 RACE	5. DATE OF B	RTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	11:40A IF UNDER 24 HI
	Female	Cauc.	MONTH 1	22 1916	64 y	MONTHS DAYS	HOURS MI
Jo.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COL	INTRY? 8.	NEVER MARRIED -	9 BALTIMORE CITY OR COU	INTY OF DEATH	
5	Penma.	U.S.A.	WIDOWED	DIVORCED [Baltimore		
100	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GIV	VE STREET ADDRESS)		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)		F BUSINESS
Us	Baltimore UAL RESIDENCE (IF NURSING HOME	Church H	ome Hospi	tal	Housewife		
130	STATE 13b. CC	UNTY 13c, CITY C	DR TOWN 13d	INSIDE CITY LIMITS?	8 N. Tinwoo		
14	Md . FATHER'S NAME		15	MOTHER'S MAIDEN NA	AME	ood Ave.	
0	James	White	ford	Mary	MIDDLE	Crool	
16a	WAS DECEASED EVER IN U.S.			INFORMANT	ADDRESS	02.00	
	No		01-9526 I	Edward Co	llison 8 N. I	inwood	Ave.
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	anly ane cause per line far (a),				BETWEEN	MATE INTERVAL ONSET AND DEA
1		IATE CAUSE (a) SCA	DIS SE	PSIS			
	3730	DUE TO, OR AS A CON		GANGRENO	US KNOKERY CHOL	FCYTTITIS	
	Conditions, if any, which gave rise to immediate	(b) GAN	gre nous	- Cholte	RE HUMATHA OTTOL	20.011113	
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	NSEQUENCE OF				
		T CONDITIONS CONTRIBUTION	NG TO DEATH BUT NO	T RELATED TO THE TER/	MIN AL DISEASE OR CONDITION	GIVEN IN PART 1(c	21
CERTIFICATION	Renul	tailure	RENAL FAIL	URE			
SA	DEREMBER IS	980 CA ALO		ECYSTITIS		F YES, WERE FINDIN ERTIFYING CAUSES	
	21a ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	1216-20		YES NO	YES 🗌	NO 🗌
	OR CONTRIBUTING CAUSE OF		TH DAY YEAR	HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	A 18, PART 1 OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM)	P.M. 21e. PLACE OF INJURY	19	LOCATION			
ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
	Mil Teachify that (I) This ho	spital attended the deceased	from DECEMBER	15 19 80	DECEMBER X	2519 80	that (1)
1/	saw for deceased prive above, (Cere) taked did	DECEMBER 2		ot in (my) aur opinian	death accurred an the date and	I haur and fram the	causes stated
1	174 SECHATORE	IX) A	DEG	REE ATTENDING	MEDICAL STAFF	22c. DATE	
1	(tom)	esu/	MX	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	DEGEN	DEA
	274 PHYSICIAN'S NAME (TH	The state of the s	22	e. ADDRESS CHUR	CH HOSPITAL COR	PORATION,	100 N
22.	DAVID BU				ALTIMORE MARYL		
230	BURIAL, CREMATION, REMOV				CITY OR TOWN	Howard	STATE
24	Burial FUNERAL DIRECTOR	12/29/80	IMeadowr1	dge Cem.		HOWATO	Md.
	FUNERAL DIRECTOR		PORESS	DEPA	JEBEHD BY BOISTRA 195 NE		H

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12	-	1 - ST				DEP		HEALTH AND I			6. NO.		
1 m		DECE A	SED NAME	FIRST	liam.	Hollis	Col	U IN		18/15/	H MONTH	DAY YEAR	126 HOUR
		3. SEX	m.		1	White	MO	OF BIRTH	YEAR 16	6. AGE (IN YEAR) LAS	YRS.	MONTHS DAYS	IF UNDER 24 HRS
	33		ginia		76. CITIZEN OF	A	WIDO		VORCED		nore	City	MD.
	33	Bo		2	(IF NOT IN EU	CHEACILITY, GIVES	VORKE	OR OTHER INST	Jose for	126 USUAL OCCUI LAYPE OF WORK FOR MC manage:	OST OF WORKING		graphy
and the control of the country be	35	Mar Mar	y land	113b COUR	ington	136 CITY OR Hager	TOWN	13d. INSIDE C		1707 Yor	k Road	1	
omplete ond 2 s	0	Pa	aul Colvi	in	MIDDLE	LAST				Bywaters	E	LAS	ST
te be executed on and or	2	Yes	DECEASED EVER	W. A	MED FORCES?	228-03	= 4911	Mrs.	Catheri	ne L. Co	lvin, E		own, Md.
DS, ZUI W. PRESION SI., Be quires that the death certifies signed by the ottending phy hen please remove corbando, ar remov to buriol, cremation, ar remov jury, or ather troumatic event		99 cm	onditions, if ony over rise to impose (o), stotinderlying couse	VAS CAUSE IMMEDIAT which mediate ng the e last.	D BY: E CAUSE (a) DUE TO, C (b) DUE TO, C (c1	Cas Cas Cas OR AS A EQNS OR AS A EQNS	EQUENCE OF	nlman Viala UT NOT RELATED	ary a	ned line NAL DISEASE OR C	ONDITION G	IVEN IN PART 1	12 10
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Duda Ruck Funeral Home of Dundalk, Inc.

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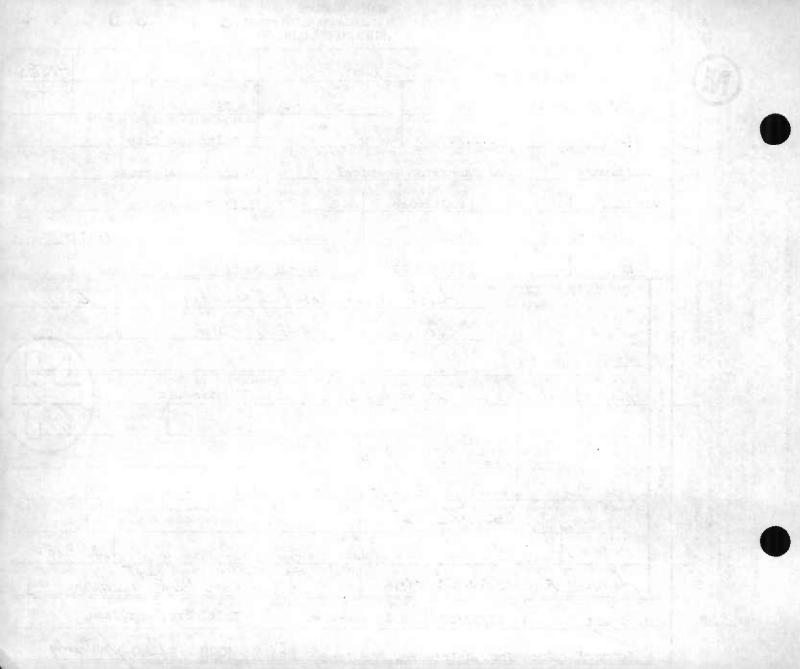
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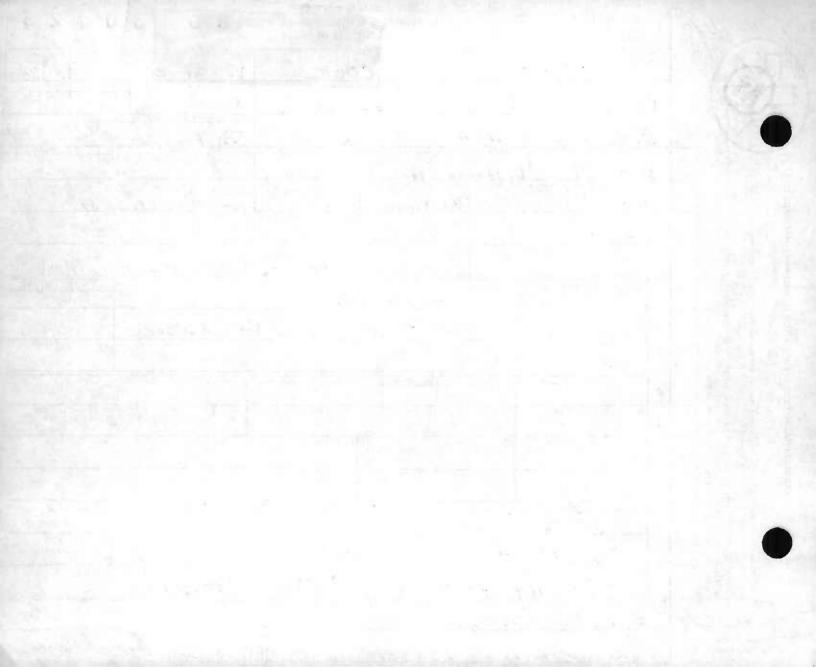
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Leonard J Ruck Inc. Baltimore, Maruland



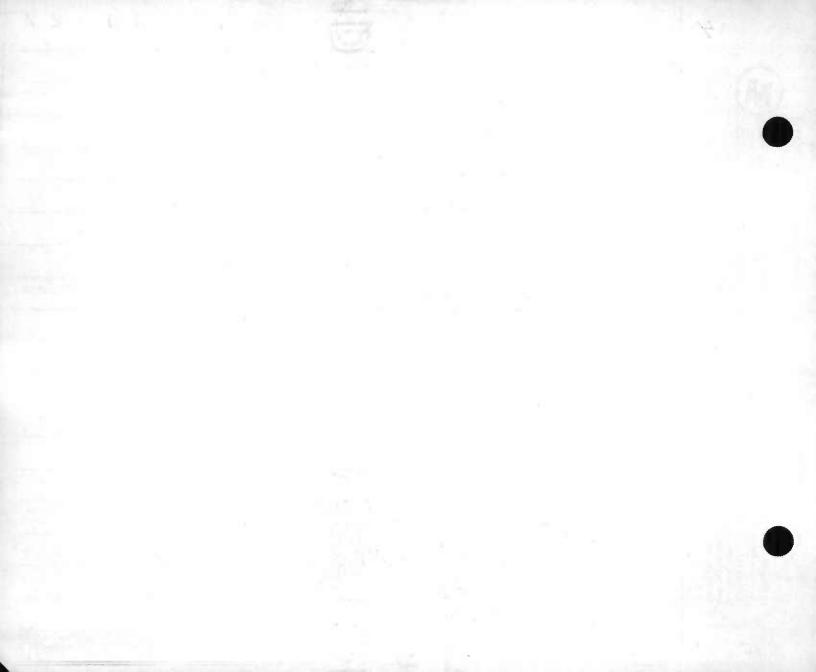
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5 dg ≥ M =	(5)	JRIAL, CREMATION, R PECIFY) BURIAL	REMOVAL	23b. DATE 12-05		LOUDON	EMETERY OR C	CREMATORY	23d. LOCATION CITY OR TOWN BALTIMO	RE CI	COUN		STATE YLAND
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STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO MIDDLE DECEASED NAME KNOWN & DATE (TYPE OR PRINT) OF ESTI-DEATH MATED McCann Cooper Katherine 19 80 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED 12 80 Jan. 24.1958 22 DEAD Female White Th CITIZEN OF WHAT COUNTRY Ja BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDXX Maryland USA Baltimore City. DIVORCED [WIDOWED [II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS) University Hospital Baltimore Salesperson A 3. RETAIN PA 2 SHOULD BE F Electric Co. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Maryland YES X 603 Orkney Rd. NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST AL-TRANSIT PERMIT. PAGES 1 AND MENTAL HYGIENE, DIVISION OF VIT N, OR REMOVAL. Lawrence J. Cooper, Jr. Madeleine Cook 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT TAL SOCIAL SECURITY NO. ADDRESS (YES NO OF LINKNOWN) 216-78-9135 No Lawrence J. Cooper, Jr. Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Thermal Injury IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A E CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES S NO [BE STATE DEPARTMENT 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY UNDERLYING OR Subject caught in house fire CONTRIBUTING CAUSE OF DEATH 3: 168% 12 1980 21e PLACE OF INJURY (AT HOME. 211 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) Md. WHILE AT WORK 603 Orkney Rd., Baltimore EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARKLAND, 2120 home X 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian Hamicide Undetermined manner death resulted fram-Suicide TITLE (SPECIFY) 12/8/80 DATE Assistant SIGNATURE EXAMINER'S NAME 111 Penn Street Hormez R. Guard, M.D. TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Dec. 10,1980 St. Marys Baltimore City, Maryland 24. FUNERAL DIRECTOR 250. DATEREC'O BY REGISTRAR 6500 York Rd. **DHMH-17** Mitchell-Wiedefeld Home, Inc. Baltimore. Md. (VR A15 ME (5)) 15M 2/80

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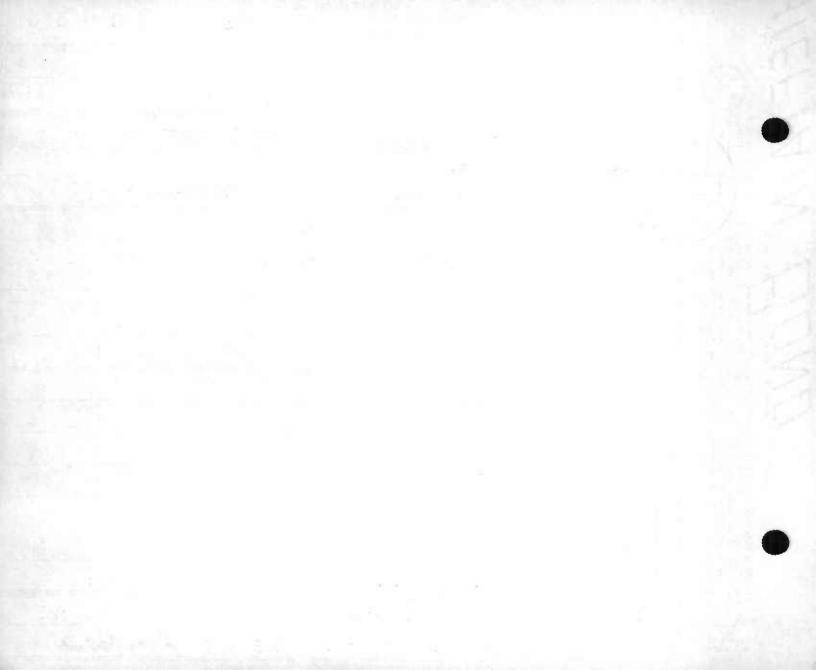
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME KNOWN XX TYPE OR PRINTI ESTI-Terence DEATH MATED 6 19 80 Nultv Cooper 3 SEX 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE 2d HOI PRONOUNCED LAST BIRTHDAY) Male White Nov. 1.1956 6 19 80 24 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Ja BIRTHPLACE (STATE OR MARRIED NEVER MARRIED 2, AND 3 TO THE FUNERA 3. RETAIN PAGE 5 FOR SHOULD BE FILED, WITH Maryland USA DIVORCED Baltimore WIDOWED ID CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY 603 Orkney Rd. Baltimore Laborer Construction USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore YES X 603 Orkney Rd. NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Lawrence J. Cooper, Jr. Madeleine Cook 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes 218-72-0203 Lawrence J. Cooper. Jr. Same CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, VATION, OR REMOVAL. IMMEDIATE CAUSE (a) Smoke & soot inhalation & acute carbon monoxide intoxication DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEI lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES & NO [218 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 3: 1694. house fire 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC. COUNTY STATE WHILE AT WORK AT WORK 603 Orkney_Rd Balto MD. home 220 I certify that I truk charge of the Inspection death resulted fram Hamicide Undetermined manner TITLE (SPECIFY) 12/6/80 Chie MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith. M.D. ADDRESS_!!! Penn St. Balto., MD. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial Dec. 10,1980 St. Marys Baltimore City, Maryland 24. FUNERAL DIRECTOR 6500 York Rd. DHMH - 17 Mitchell-Wiedefeld Home, Inc. Baltimore, Md. (VR A15 ME (5)) 15M 2/80 HE STANDERSON STANDERSON

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			220.1 certify that (K(this hospi	tol) attended the deceased from_	December 8 19 80		, 1980_, thowx (we) lost
	OR ATTEN ne haspital DIRECTOR: oched far us Dept. of He			December 9 19	80, and that in (my (our) opinion	death accurred on the date and ha	
	AT A		22b. SIGNATURE	view the body olter death.	DEGREE		22c, DATE SIGNED
	OR A DIREC oched Dept. If them		THE STORE A	SAL	ATTENDING _	MEDICAL STAFF	
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DHMH-16 30M 2/80 (VRA 15, 4) 24 FUNERAL DIRECTOR LEWIS T. GWYNN 451 7 PARK HEIGHTS AVENUE 258. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DEC 8 1980	DHMH-16 30M 2/80 (VRA 15, 4)	24 FU		N AS17 PARK APR	STGHTS A	VENITE 250.	DATE REC'D. BY REGISTRAR DEC. 8 1980	25b. REOTRAR'S S	SIGNATURE

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	- STATE REGISTRAR				R'S CERTIFICATE	(3)	REG. NO.	7 0	9
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1	Male BIRTHPLACE	Black	June 25	1918 62 YRS		9 BAI	TIMORE CITY OR COUN		AM
1	FOREIGN COUNTR	(Y)	USA		MARRIED NEVER MAI	RRIED 🔲	Baltimore C		
1	Marylan 10 CITY OR TOW			ITAL, NURSING HOME,	WIDOWED DIVO			12b. KIND OF E	MD.
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	14. FATHER'S NA		MIDDLE	LAST	15. MOTHER'S MAI	IDEN NAME	MIDDLE	LAST	
	Jam	es Wil	liam	Contee	Ida	Am		Jackson	
	16a. WAS DECEA	SED EVER IN U.S. ARM	ED EORCES?	166. SOCIAL SECURITY		2116	ADDRESS	DACKSON	
	yes, no, or unk	NOWN) (IF YES GIVE W	AR OR DATES)	218-12-026	James Co	ntee	Chesapeake	Beach,	Md.
ſ	18 CAUSE	OF DEATH (Enter only DEATH WAS CAUSED	one cause per line f	ar (a), (b), and (c).)				BETWEEN ON	SET AND DEATH
	FARIT	IMMEDIATE	CAUSE (a) Blu	nt injury t	o head				
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	WHILE			RY, FARM, ETC.)		65 CITY C		UNTY	STATE
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		,	100		TITLE (SPECIFY)				
	ACTUAL SIGNATUR	RE Organ	a Justo	la	M.D. Assista	nt MEDICALE	XAMINER SIGNE	12/1	7/80
)		2							
1	EXAMINER (TYPE OR P	RINT) Virg	inia L. De	olan, M.D.	ADDRESS	111 Pe	enn Street	1,-0.1	
	230. BURIAL, CREA	MATION, REMOVAL 23	DATE	23c. NAME OF CEME	TERY OR CREMATORY	23d. LOCATIO	N COH	NTY	STATE
	Buria	1 D	ec. 20-80	St. Edmon	ds Chr. Cem.	Chesa	peake Beach,		Mã.
	24 FUNERAL DIR		ADDRESS		25a. DA	F PEGP BY REGIE	TRAP 256. REGISTRAR'S	IGNATURE	and a
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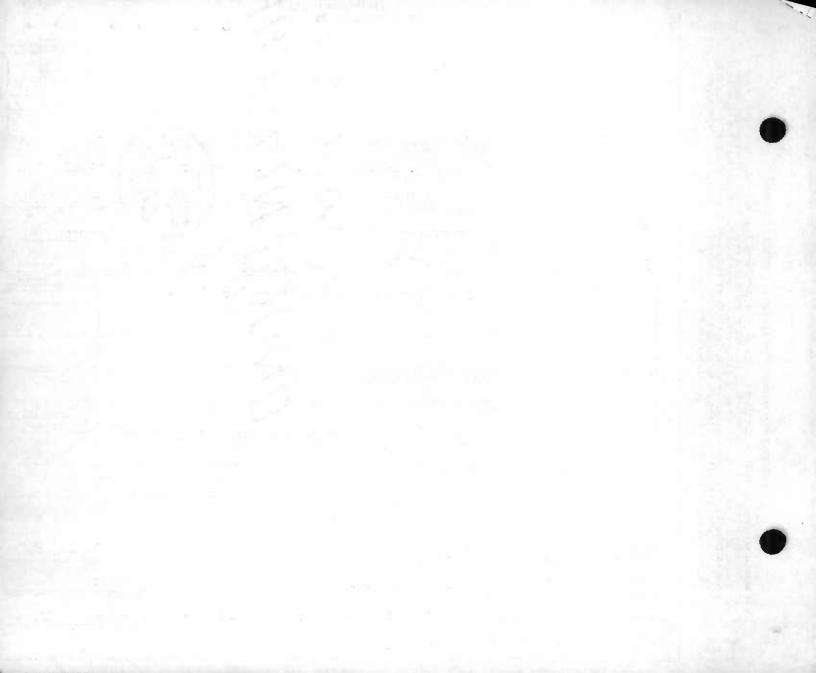
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ted by the ottending physicion lease remove carbonopapers. iia), cremotion, or removal. or other traumotic event, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) Canditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost.	TE CAUSE (a) COPE	sequence of Cardiac Asserting	acture	APPROXIMATE INTE	5 01
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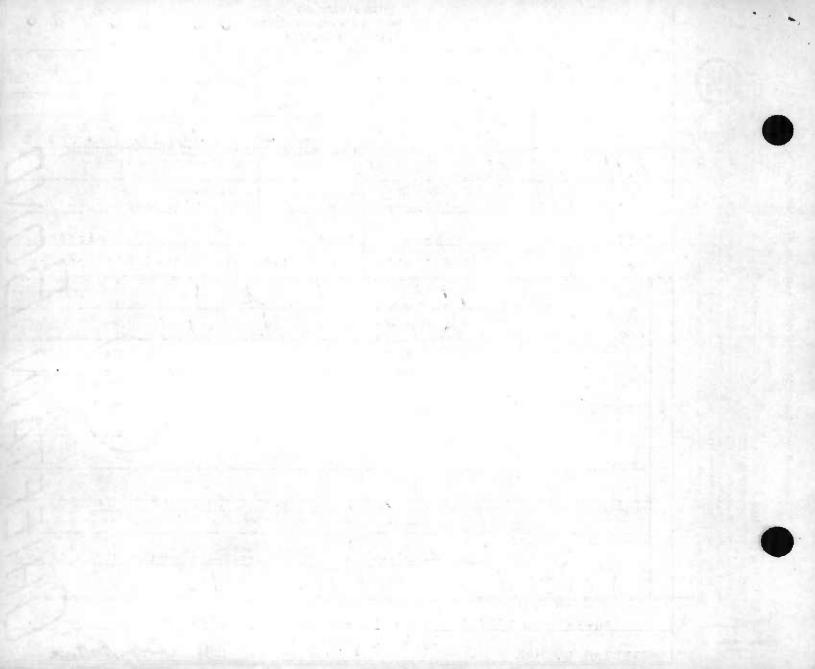
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR 1. DECEASED NAME KNOWN 20. DATE (TYPE OR PRINT) OF ESTI-(nmi) DEATH MATED & 12 26 1.80 GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR.
ATH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES.
PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS.
INVISION OF WITAL FECORDS, 201 W. PRESTON STREET. Nutie Courtney 4. RACE S. DATE OF BIRTH AGE IN YEARS IF UNDER I YR. IF UNDER 24 HRS DATE 1d HOUR 4:12 MONTH LAST BIRTHDAY PRONOUNCED 12 26 180 83 DEAD 1897 White 12 13 Male D M 7a BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Virginia U.S.A. Baltimore City, WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS 134 S. Patterson Pk. Ave Welder Rear of Steel Mfgr. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3a. STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13m STREET ADDRESS Maryland 134 Patterson Pk. Ave. Baltimore YES X 21224 NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST William Courtney Susan Sampson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Frances (YES. NO. OR UNKNOWN) 213.07.1025 Helena Ave. Dundalk. 6541 St. Md 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA ED AS A BURIAL - TRANSIT PREMIT. HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION USED / 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? Head Only PRIOR TO BURIAL, INER: THIS CERTIFICATE SHE ICATE, WRITING THE WORI FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT O AND, 21201 PRIOR TO BUR YES S NO L 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f. LOCATION LAT HOME. STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE WHILE AT WORK COUNTY TO MEDICAL EXAMINER: THE VECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFIER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2' Head X 220. I certify that I took charge of the remains described above death resulted fram: Natural causes TITLE (SPECIFY) DATE 12/28/80 **ACTUAL** Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street Virginia L. Dolan, M.D. ADDRESS (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b, DATE 73r NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial 12/30/1980 Bel Air Mem. Gds. Bel Air Harford Md. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** Walter Brooks Bradley Inc. Dundalk Md. 21222 (VR A15 ME (5)) 15M 2/80

STATE OF MARYLAND





1,	FOR		DEPARTM		EALTH AND M		IENE 8 0	3	0	9	3 /
	- STATE REGISTRAR			CERTIF	ICATE OF DE	ATH	REG.				
	ECEASED NAME FIRST		REDERICK	Co	WDEN		20. DATE OF DEATH	MONTH 12	DAY 12	YEAR 80	12.45 R
1 5	MALE	4. RACE	HITE	5 DATE C		YEAR	6. AGE (IN YEARS LAST I	IRTHDAY)	MONTH	DER 1 YFAR	IF UNDER 24 HRS HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) BALTE., MD.	76 CITIZEN OF	what country?	MARRIEI WIDOWE	NEVER M.	ARRIED [9. BALTIMORE CITY BALTIMO			EATH	M
4	BALTIMORE	NOT IN SUC	HOSPITAL, NURSING THE FACILITY, GIVE STREET A	ADDRESS)		IUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS PRESSMAN		LIFE) IN	DUSTRY	F BUSINESS OR
13a.	JAL RESIDENCE (# NURSING H. STATE IARYLAND	ALTO.	GIVE RESIDENCE BEFORE 130 CITY OR TOWN DUNDALK	ADMISSION)	13d INSIDE CIT	Y LIMITS?	13e SIREEI ADDRES KAV	ANAGH	RD.	21:	222
14. F	JOSEPH	WIDDIE	COWDEN			MAIDEN NA/	WIDDLE			UNKN(
		S. ARMED FORCES? S, GIVE WAR OR DATES] W II	215.07.3		17 INFORMAN	JOS.	EPH H. CÔW lersville,			BOX 21	179 108
z	gove rise to immediat couse (a), stating the underlying cause los PART 2. OTHER SIGNIFICA	DUE TO, O	R AS A CONSEQUE		NOT RELATED 1	O THE TERM	INAL DISEASE OR CO	NDITION (GIVEN IN	PART 1(c	01
CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200. AUTOPSY?	INCER			NGS USED OF DEATH?
MEDICAL CERT	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF CHIEFER NOTIFY MEDICAL EXAM 210 INJURY OCCURRED	OF DEATH HOUR A. AINER) P. 21e PLACE	M. MONTH DA	19	216 HOW INJ		ED (ENTER NATURE OF IN	JURY IN ITEM 1	18, PART 1 O	R PART 2)	STATE
>	while NOT WHILE AT WORK 220.1 certify that (I) (this I saw the deceased alionabove, (I) (we) (did) (d	hospital) attended the	ne deceased from			, 19our) opinion (, to death accurred on the			from the	that (I) (we) las causes stated
	226. SIGNATURE	Parke	\sim			TENDING HYSICIAN		AFF SICIAN X		22c. DATE	SIGNED
22	CECIL			IAME OF C		-	MOREI C	ITY	H 0.	SPITI	ALS
E	BURIAL, CREMATION, REMO (SPECIFY) BURIAL	236. DATE 12/16			NATIONA	L CEM.	BALTIM		COUN	MA	RYLAND

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

24 FUNERAL DIRECTOR
WALTER BROO BROOKS BRADLEY INC., DUNDALK MD 21222

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	A CONTRACTOR OF THE	
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1- - PR- 1 STAP WOMEN Talling to the best of the control of . The Lutter City See 1 the object of the state of the state of Monte I o'I wante DEC M. PRINCIPAL PRINCIPAL AND Conbress Sill Long, To All Street and the state of t was promition and mile to the South over the life of the The area was a series